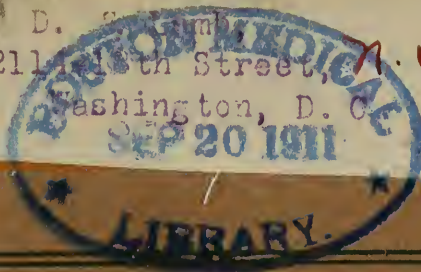


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JOURNAL

NATIONAL MEDICAL ASSOCIATION

A PUBLICATION DEVOTED TO THE INTEREST OF THE NATIONAL MEDICAL ASSOCIATION AND ALLIED PROFESSIONS OF MEDICINE, SURGERY, DENTISTRY AND PHARMACY

Vol. 2

January-March, 1910

No. 1

Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of American environment, the National Medical Association has for its object the banding together for mutual co-operation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of Medicine, Surgery Pharmacy and Dentistry



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CONTENTS FOR JANUARY--MARCH, 1910

	PAGE
WOMAN'S WORK.	1
C. V. Roman, M. D.	
OBSTETRICS AND SOME OBSTETRICAL PROBLEMS ...	7
H. F. Gamble, M. D.	
TUBERCULOSIS IN MASSACHUSETTS AND METHODS FOR ITS RELIEF AND CONTROL	13
C. W. Harrison, M. D.	
THE DIAGNOSTIC VALUE OF TUBERCULIN.	19
W. C. Gordon, M. D.	
REPORT ON MEDICAL EDUCATION..	23
H. F. Gamble, M. D.	
GASTRIC ULCER	29
J. J. Robinson, M. D.	
COMMENTS ON THE JOURNAL..	33
BOOK REVIEW.	33
EDITORIALS	
CASE READING	34
N. M. A. PRESIDENCY.	35
CRIME.	35
ALCOHOL.	36
SKETCHES FROM LIFE ...	36
COMMENTS ON THE JOURNAL.....	39
ITEMS	40
OPEN LETTER TO PHYSICIANS, PHARMACISTS, DENTISTS	47
THERAPEUTIC NOTES	49
OF INTEREST TO DENTISTS	50
SOCIETY NOTES	57
TEXAS NOTES.	58
READING NOTICES	62
INDEX—VOL. I, 1909	64
LIST OF OFFICERS.	66

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CONTENTS FOR APRIL-JUNE, 1910

Pellagra.....	65
A. M. Townsend, M. D.	
Extra-Uterine Gestation.....	70
F. A. Bryan, M. D.	
Chronic Gonorrhoea.....	70
Peter F. Ghee, M. D.	
Treatment of Hemorrhoids.....	79
John A. Kenney, M. D.	
The Nature, Prevention and Treatment of Tuberculosis.....	86
A. Wilberforce Williams, M. D.	
Response to Welcome Address.....	89
C. V. Roman, M. D.	
The Relationship that Should Exist between Physician and Pharmacist....	91
F. W. Ragland, Ph. G.	
Teleological Therapeutics: The Physician's Aim.....	93
A. J. King, M. D.	
Annual Address.....	96
D. H. C. Scott, M. D.	
Prolonging Life.....	102
C. V. Roman, M. D.	
Editorials	
Seeing Red.....	104
The Hookworm Discussion.....	106
Industrial Insurance.....	107
A Great Opportunity.....	107
Jonnesco's Analgesia.....	107
The New Idea.....	108
N. M. A. Presidency.....	108
Special Commissions.....	109
Committee on Medical Legislation.....	111
Prophylaxis.....	111
Syphilis and the American Negro—A Medico-Sociological Study....	115
Sketches from Life.....	118
Items of Interest, Newsy and Otherwise.....	121
Comments on Journal.....	136
N. M. A. Communications.....	137
Reading Notices.....	139
Therapeutic Notes.....	144
Of Interest to Dentists.....	146
Of Interest to Pharmacists.....	149
Books, Lay Press, Etc.....	151
Society News.....	153
Obituary.....	155
Reading Notices.....	156

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CONTENTS FOR JULY-SEPTEMBER, 1910

Medical and Surgical Treatment of Appendicitis.....	161
A. M. Curtis, M. D.	
The Importance of Cell Study in the Practice of To-day's Medicine.....	167
J. A. Robinson, M. D.	
Some Experiments with Animal Parasites.....	173
J. H. Holman, M. D.	
President's Address.....	176
C. O. Hadley, M. D.	
Vitality of the Negroes.....	180
C. V. Roman, M. D.	
Eczema.....	182
S. G. Carruthers, M. D.	
Response to Welcome Address.....	187
C. V. Roman, M. D.	
 Editorials	
A New Phase of Medical Ethics.....	190
The Danger Zone.....	191
Organized Effort.....	192
Secrecy	192
Instinct Versus Reason.....	194
Lay Press, Books, Etc.....	195
Sketches From Life.....	196
Items of Interest: Newsy and Otherwise.....	199
N. M. A. Communications.....	207
Of Interest to Pharmacists.....	212
Medical Society News.....	214
Therapeutic Notes.....	218
Of Interest to Dentists.....	224
With Reference to Meeting in Washington.....	226
Program of Twelfth Annual Session of N. M. A.....	230
Abstracts	236

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Contents for October---September, 1910

President's Annual Address	241
Marcus F. Wheatland, M. D.	
The Influence of Environment and Race on Diseases.....	243
C. W. Birnie, M. D.	
Report of Commission for Study of Pellagra	252
A. M. Townsend, M. D.	
Report of Hookworm Commission.....	266
J. A. Kenney, M. D.	
Typhoid Fever.....	275
P. W. Burnett, M. D.	
Report of Committee on Medical Education on Colored Hospitals.....	283
Editorials:	
Medical Societies and Medical Journals	292
The N. M. A.—Review and Forecast.....	295
Resume.....	297
Our Troubles.....	298
“606”.....	299
Sketches from Life	302
Items of Interest: Newsy and Otherwise	305
Minutes.....	312
N. M. A. Communications.....	321
Of Interest to Dentists: Oration on Dentistry.....	350
Charles H. Roberts, D. D. S.	
Society News	354
Of Interest to Pharmacists: Incompatibility	361
Harry S. Pope	
Book, Lay Press, Reviews, Etc.....	366

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JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION

Vol. II

JANUARY-MARCH, 1910

No. 1

WOMAN'S WORK

By C. V. ROMAN, M. D., Nashville, Tenn.

ADDRESS TO THE GRADUATING NURSES AT LAMAR HOSPITAL, AUGUSTA, GEORGIA, SEPTEMBER 27, 1909.

Orientation, getting one's bearings, adapting oneself to the world and its ways, is the most important individual problem of our earthly existence. The power to think is the impassable barrier between man and beast. Whether instinct and reason are essentially the same, is a question not germane to this discussion. The power to think consecutively and logically not only marks the difference between man and beast but limns the characters and determines the relative positions of men.

The first noticeable manifestation of this wonderful power is the segregation of self. It is a great event in the career of a child when he first thinks "I am." "This is I." "That is you."

This is the germ of that intellectuality which has made man the undisputed lord of the world—the beginning of individual psychic life—the birth of logical, dynamic thought—the landing on the right side of that immense gulf which separates man from the brute—a gulf that seems crossable in but one direction—man can descend to the brute, but the brute cannot rise to the man.

As the recognition of self is the beginning of thought, so the proper adjustment of self is the highest form of human wisdom—the ripest fruit of intellectuality—the final goal of our being. I feel therefore, that I am fulfilling the duties of this hour when I attempt to say something that will assist you in the solution of this world-wide and ever-recurring problem which each person must solve for himself.

Philosophy joins religion in declaring that method runs through all creation, that everything has a purpose and every person a duty.

A "Woman's Work" forms to my mind a theme peculiarly suited to the contemplation of a woman on the eve of graduation into her chosen life's work.

What is a woman? What is work? Words represent ideas and to reason correctly we must employ the right words.

Webster defines "woman" as "The female of the human race, grown to adult years" and gives as the etymological meaning of the word, "wife-man."

I use the word work in the same sense as the poet Milton does when he declares:

"Man hath his daily work of body or mind Appointed."

Science and common-sense as well as religion recognize the scriptural declaration, "Male and female made He them," our pseudo-philosophers to the contrary notwithstanding.

The problem of the sexes is a fundamental one, and is as old as human reason. A woman is not a man and a man is not a woman. "Male and female made He them." This differentiation of the sexes is the finest fruit of evolution. The higher the type, the more pronounced the difference in sex. The finer the type of man the less he resembles a woman, and, paradoxical as it may seem, the less he is like a woman, the more the women like him. The converse proposition is also true: the finer the type of woman, the more she differs from a man. The Joans of Arc and the Hypatias may be cannonized as saints but they will never be recognized as ideal women. But Vashti, the beautiful and upright queen, forfeiting her crown rather than pollute her body by immorality, stirs the hearts of men, and is hailed as an ideal: for the ultimate test of a race is moral wealth, and woman is the custodian thereof.

The reason for all this is very plain. The best results follow obedience to Nature's laws. The difference in sex is fundamental and ineradicable—it is epochal in the evolution of the species. Any attempt of one sex to assume the form and faculties

of the other is retrogressive, atavistic, involutionary and destructive. The sexes must develop along parallel and harmonious but distinctive lines—forever separate as the right hand and the left, yet united to form a perfect race.

A reasonably clear comprehension of the fundamental nature of sex-difference will at once show the absurdity of most of these arguments about woman's rights and man's delinquencies. As long as a woman remains a woman she is neither inferior nor superior to man: for there can be no sensible ground for comparison. When, however, a woman tries to be a man she always appears inferior, because she discounts her qualifications for life's duties by getting out of her element: as the tiger did when he attempted to fight the alligator in the water—and with the same results. This does not refer to those necessary struggles for existence made by unsupported women. A share in these struggles is the birth-right of every creature. I cannot, however, join with those who find cause for rejoicing in the fact that we have 126 women plumbers, 545 carpenters, and 193 blacksmiths in the United States.

All this argument about the relative merits of the sexes is just about as sensible as a controversy between the right and left hands as to superiority and rights.

Why we have a right hand and a left hand has never been satisfactorily explained. Whether the preferred use of the right hand began by chance and was continued by

heredity or was born in some primeval necessity and transmitted by custom, or is an evolution of some recendite, morphological law, we are unable to determine. It is quite evident, however, that two hands are necessary and the right hand will continue to be the favorite with the majority—the left hand only occasionally taking its place.

Why was humanity made male and female? I don't know. Do you? "Who in the darkness of the finite can turn over the mystic pages and read the cryptograms of the Book of Destiny?"

Sane minds accept things as they are and base their actions on the practicalities of life.

To know one's work one must first know oneself.

Your first duty then, is to recognize the fact that you are a woman. This is essential to your doing properly a woman's work. No one can do his work wishing he were some one else. It is one of the symptoms of inefficiency.

"If I were a woman, I would arrange my house-work so-and-so," says the inefficient man who is losing ground in the race of life. "If I were a man," says the woman who lags.

"Comparisons are odious" but we will make them. It is well, therefore, to make them fairly and beneficially. To that end I give this rule:

In comparing yourself with another do not contrast the way he is doing his work with the way you would do that work were you in his place,

but rather examine yourself to see whether you are doing your duty where you are any better than he is doing his where he is. In other words, characters are like fractions, they must be reduced to a common denominator before accurate comparison can be made.

This common denominator of character is duty fully done. The peasant who does his duty is greater than the king who does not. It is a common error to suppose that one who habitually neglects his duty and fails to improve his opportunities would do differently were the duties and opportunities changed. The change must be in the person. We seldom alter our dispositions by moving. We change localities but not personalities.

Character is common to both sexes. A man develops character by growing in manhood, and a woman develops character by growing in womanhood. They are co-essential and in the very nature of things cannot be inferior or superior except as they fail or succeed in developing character. This is as true of intellect as of character.

The character of a woman is a symphony, and goodness is the keynote; the character of a man is an oratorio of which courage is the dominating chord.

The poet has truly said:

"Our lives are songs,
God writes the words,
And we set them to music at pleasure:
The song grows glad or sweet or sad
As we choose to fashion the measure."

If you would make your lives harmonious and therefore pleasant and

profitable, attune them to the keynote of goodness. As women, your duty is to increase the goodness on earth and sweeten the life of the world.

Woman's Work is therefore great enough to satisfy any degree of ambition; difficult enough to interest the most dexterous skill; noble enough to gladden any soul. What higher honor can come to mortal being than to be a woman and do a woman's work?

Let us go into details:

To be a woman is a profession in itself and if one gets the wrong idea of it she becomes enmeshed in a labyrinth of difficulties. Suppose, for instance, a woman gets the idea into her head that she must be beautiful, whether or no. If she is fat she wants to become lean; if lean, she wants to become fat; if tall, she wants to become short; if short, she'd like to be tall, etc., until she runs the whole gamut of fashionable absurdity and physiological outrage, from the small shoes with the high heels in the middle of the foot, to the chemical complexion and adjustable hair; the diapason closing in the agonizing discord of physical misery, mental fatuity and moral obliquity.

"Character is a by-product or service," and real beauty is the ripe fruit of good character. Did you ever hear anybody that knew a good woman call her ugly? How often though, do you see people with some asymmetry of feature that we are disposed to call ugly at first sight, grow upon us as their character becomes known until we think them

goodlooking, or at least never think them ugly? On the contrary it is a common thing to see moral turpitude distort physical beauty.

Who ever saw an ugly nurse? or an ugly mother? Certainly not from a sick bed or a cradle. Age, color or nationality has nothing to do with it. Goodness and service are the whole thing. Who could read of the heroism and self-sacrifice of Queen Eleanor and think of an ugly woman? Her husband was shot with a poisoned arrow. She sucked the wound and drew the poison into her own body, thus saving the life of her royal consort.

What true bred Southerner ever thought his "mammy" ugly? Genuine service is an alembic in which all the baser passions of humanity are transmuted into the pure gold of love and charity.

Woman's work is to increase the goodness and diminish the meanness of the world.

This is a general proposition, but to be effective one must be specific.

To love your fellowman is an accepted moral precept of universal application, but it becomes a dynamic force only when applied in the singular number and opposite gender.

There is no better formula for reducing woman's work to individual application and practical utility than nursing.

I congratulate you young women upon your choice of a noble branch of Woman's Work and advise you to stick to it and spread its blessings as far as you can. Not hesitating to give service by the hour where peo-

ple are unable to employ you by the day or week.

"Nursing as an art to be cultivated, as a profession to be followed, is modern; as a practice it originated in the dim past, when some mother among the cave-dwellers cooled the forehead of her sick child with water from the brook, or first yielded to the prompting to leave a well-covered bone and a handful of meal by the side of a wounded man left in the hurried flight before an enemy. As a profession, a vocation, nursing in this country has already reached a high development."

The function of the trained nurse is to assist the physician.

The obligation of the trained nurse is to keep her mouth shut: taciturnity: not to talk that which she sees or hears.

The creed of the trained nurse is asepsis: keeping clean.

The hope of the trained nurse is a patient physician and a grateful patient.

The reward of the trained nurse is the benediction of all who suffer.

The origin of the trained nurse was in that incandescence of human passion, War.

"It was one of the attacks of race-mania that your profession, until then unsettled and ill-defined, took under Florence Nightengale—ever blessed be her name—its modern position."

The end of the trained nurse is matrimony—that Sea of Honey mingled with hyssop, into which run all the springs, rivulets and rivers formed of the hopes, aspirations,

cogitations, intrigues, passions and machinations of women.

I said the function of the trained nurse was to assist the physician. This thought will bear some amplification. It is through the nurse that the work of the physician, and especially the surgeon is made effective. The skill of the surgeon is vain unless supported by the patient watchfulness of the nurse. I am afraid the importance of the nurse's position is underestimated sometimes by the physician and surgeon, to say nothing of the laity.

Let me here lay some stress on that word trained. Good intentions are indeed valuable, but are only potent for good when backed by intelligence. Therefore, I adjure you to become trained in actuality as well as in name.

Your position is not inferior in responsibility to that of the physician himself. "While not the recipient of all the wretched secrets of life, as are the parson and the doctor, you will frequently be in households, the miseries of which cannot be hid, all the cupboards of which are open to you, and you become the involuntary possessor of the most sacred confidences, known perhaps to no other soul. Nowadays that part of the Hippocratic oath which enjoins secrecy as to the things seen and heard among the sick should be administered to you at graduation."

I commend the first and second verses of the thirty-ninth Psalm for your daily perusal.

"I said I will take heed to my ways, that I offend not in my tongue."

"I will keep my mouth as it were with a bridle."

I cannot too forcibly condemn a practice I have found too prevalent reprehensible in the extreme; too vulgar and immodest for all words. I refer to the abominable habit of discussing the maladies of patients in public and private conversation.

"If thou hast a word, let it die with thee, and be bold: it will not burst thee."

I am pained to admit that members of my profession have not always set you a proper example in this.

"Think not silence the wisdom of fools, but, if rightly timed, the honor of wise men, who have not the infirmity, but the virtue of taciturnity."

The creed of asepsis is a blessing not only to the patient but to the nurse herself, for you are made of the same flesh and blood as your patients are, and the same diseases that render their lives miserable, and cause them to "shuffle off this mortal coil," will likewise snuff the vital flame in you. Health is not only the vital principal of bliss, as the poet sings, but of success also.

Your training will make you better women. "What I mean by better women, is that the eyes of your souls have been opened, the range of your sympathies has been widened, and your characters have been moulded by the events in which you have been participators during the past years."

I commend to you the words of Dr. Osler, to whom I am much indebted:

"Practically, there should be for

each of you a busy, useful and happy life; more you cannot expect; a greater blessing the world cannot bestow. Busy you will certainly be, as the demand is great, both in private and public, for women with your training. Useful your lives must be, as you will care for those who cannot care for themselves, and who need about them, in their days of tribulation, gentle hands and tender hearts. And happy lives shall be yours, because busy and useful; having been initiated into the great secret—that happiness lies in the absorption in some vocation that satisfies the soul; that we have here, to add what we can to, not to get what we can from life.

"And finally, remember what we are—useful supernumeraries in the battle, simply stage accessories in the drama, playing minor, but essential parts at the exits and entrances, or picking up here and there, a strutter who may have tripped upon the stage. You have been much by the dark river—so near to us all—and have seen so many embark, that the dread of the old boatman has almost disappeared, and

"When the Angel of the darker Drink
At last shall find you by the river brink
And offering his cup, invite your soul
Forth to your lips to quaff—you shall not shrink."

"Your passport shall be the blessing of Him in whose footsteps you have trodden, unto whose sick you have ministered, and for whose children you have cared." You will have done a woman's work—added to the goodness of the world—and shall receive your reward, an angel's portion—Eternal Bliss.

OBSTETRICS AND SOME OBSTETRICAL PROBLEMS

By H. F. GAMBLE, M. D., Charleston, W. Va.

BEFORE THE NATIONAL MEDICAL ASSOCIATION, BOSTON, AUGUST, 1909

It is impossible to give the subject, Obstetrics, more than the briefest outline in the necessarily short time here allotted. It may be pardonable, therefore, if some experiences that have proven helpful to me are briefly stated together with some unusual pathological conditions. My obstetrical experience differing materially from the normal physiological act of reproduction has not been sufficiently varied to warrant important classifications and deductions. I shall therefore attempt no more than to indicate the proportions the problem presents and merely point to the path for its successful solution.

On being engaged for a confinement, a complete history of the case is taken on a blank form, such as I show you here, which, when completed, is filled and kept as a permanent record. The urine is examined especially for Sp. Gr., albumen, urea, sugar and casts. Traces of albumen without cast, in a pregnant state, do not necessarily indicate eclampsia or a fatal outcome of the case, unless defective vision complicates it. Recently, nearly 25 per cent. of my obstetrical cases showed albumenurea that made perfect recovery after delivery. Guided by the index of the urine the pregnant state is helped over many difficult places.

A careful examination of the woman is made and recorded on the record blank; all deviations from the normal, carefully noted and corrected if possible. Frequently a retroflexed

pregnant uterus is the cause of persistent vomiting, which clears up promptly when the uterus is replaced and the proper treatment given. It gives the pregnant woman a deal of comfort and confidence to have her physician interested in her and to give her occasional visits and advice. This is good practice. Five or six weeks before the expected labor, a prescription for a maternity package which should be ordered by your druggist to be kept ready made in stock should be given the patient. The package contains the following articles: 2 yards of rubber sheeting, 2 pounds of absorbent cotton, 5 yards of sterile gauze, a glass tube No. 3 sterile silk (ligature), 2 ounces each of green soap, vaseline, chloroform and ergot; 8 ounces of whiskey, 8 ounces of camphor. Strict orders should be given that the package should not be opened until the day of labor.

The labor begun, external examination is made and presentation determined, the rubber sheeting, pads and Kelly pads are placed on the bed. At or near the end of the first stage of labor the bowels are irrigated and completely emptied. A hot hip bath is given for fifteen minutes. This serves the double purpose of cleansing the patient and facilitating the labor. The genitalia is sterilized, and if there has been a history of leucorrheal discharges; thorough irrigation of the vagina with a good antiseptic, after thoroughly scrubbing

with soap and water, should be given. A safe and good way to cleanse the vagina is, by wrapping a gauze sponge around two fingers and with this soap and water or antiseptic, all parts of the canal can be reached, rubbed and cleansed without danger. The buttocks, thighs and pudenda should not be neglected. They should be protected with sterile towels or gauze.

While the nurse is giving the hot hip baths the following instruments should be sterilized with soap, water and brush and by boiling: obstetrical, placental, haemostatic and voecellum forceps, Edibol speculum, uterine irrigator, uterine packer, needle holder, needles, silk and fountain syringe. Two bowls of hot water, strained and sterilized, and one bowl of bichloride solution with the instruments are placed on a table nearby and covered with a sterile towel, pledgets of cotton or gauze in the bichloride solution should be used to keep the anus clean as often as foecal matter or discharges escape. As labor progresses and the head presses upon the pelvic floor it is easily palpated through the soft parts. The palm of the right hand protected with sterile gauze should rest directly over the anus with thumb and fingers of the same hand a little in front of and on either side of the anus grasping tightly and supporting the perineum during the contractions; and as the head descends. This manoeuvre forces the occiput, as it emerges, to hug the pubic arch, compels extension of the child's head and reduces the chances of lacera-

tion. Chloroform should never be given except for the specific purpose of using forceps or version or similar complications. Gloves should not be worn. During labor the fingers should not be placed in the rectum. Chronic vaginal examinations should be condemned. The physician cannot properly and skillfully act at the patient's head and tail at the same time. If the labor is progressing normally, all of his attention is demanded at the pelvic outlet. It is not wise to risk the nurse or the patient to give chloroform. It is not necessary and too expensive to have two physicians without more serious complications than there are generally in a normal labor. If the cervix is fully dilated, the pains vigorous and strong and still no progress in the descent of the head for an hour, in spite of hot hip baths, hot coffee, hot toddy and a hyperdermic of one-twentieth gr. of strychnine combined with one-fourth gr. of morphia, then the forceps should be used promptly and skillfully or version may be considered. Strychnine and morphia combined is an excellent agent for producing contractions of the uterus and relaxation of the cervix and generally shortening the period of labor. The child being born respiration is established if necessary and possible. Generally the cord should not be cut until the child decides to live or until pulsation ceases in the cord. Tie the cord one-fourth to one-third of an inch from the cutaneous attachment of the child's belly. Should the ligature happen to include the skin, there will likely be

hemorrhage or inflammation of the parts. The child is carefully examined for abnormalities and if possible these are corrected. Anesthetics are not necessary in operations on the new-born. Uterine contractions, the soft parts, tears and hemorrhage demand prompt and skillful attention at this stage.

The function, indication and use of obstetrical forceps is a chapter in itself full of interest and should demand the best thought and skill of everyone who attempts the practice of mid-wifery. Interesting and profitable as a discussion of this subject may be, it must be dismissed with the observation that I have found it necessary to use forceps in one out of every eight or ten labors. I have found face and brow presentations the most difficult cases in instrumental delivery. In forceps delivery the mortality has been 8 per cent. for infants, for mothers, nihil. One may be successful in repairing perineal lacerations before the birth of the placenta, but it is to my judgment neither good taste nor clean surgery in use of forceps. Extensive lacerations to the cervix are easily repaired by making forcible pressure on the fundus uteri; Edibol speculum in position, the entire cervix is grasped as high up as possible, with placental sponge or polypus forceps, gentle traction is made and the necessary sutures are taken with No. 3 silk or chromicized catgut. Where there is hemorrhage from injury of the uterine arteries, it is not necessary to waste time looking for the artery; the sutures prop-

erly applied will control the hemorrhage. The voecellum forceps or any other tooth forceps are likely to make fresh wounds and tears if used and should not be used unless absolutely necessary. Injuries to the vaginal sulcus and perineal tears should be corrected immediately; there is no necessity to wait 12 or 48 hours as recommended by recent writers on obstetrics, since the best possible results are obtained more expeditiously, and because the longer the laceration is open, the greater the chances are for infection. It is not necessary to use an anesthetic. Clots removed, hemorrhage controlled with hot sterile douches if necessary, and if the uterus is relaxed, ergot may be given. In the interest of child and mother, beware of ergot before this stage.

Intimately associated with the use of forceps, injuries to and destruction of the tissues of the birth canal, is septic infection, either from infection or the absorption of the products of necrotic tissues or decomposed blood clots.

Within the first week after labor chills, a rebellious headache, a persistently high temperature; a stubborn lethargy and a listless indifference are the loud cries for help from a helpless and septic system. Prompt attention and efficient relief may be had by rigorously cleaning out the whole genital and alimentary tracts, and by touching diphtheritic and necrotic tissues with carbolic acid and by fresh air and stimulants and the free and liberal use of antistreptococcic serum. The serum is made in

two strengths which fact is easily overlooked or unknown—the immunizing and the curative doses. It is useless to use the immunizing dose in an infected case. The curative dose given six to twelve hours apart early in the acute stage, has never failed to cure septic or sapremic cases in my own practice nor in several in which I have used it in consultation. The relief and cure follow promptly after all other means have failed.

In the last 13 years I have had 702 pregnancies; of this number, 137 miscarried, 565 went to full term. While many women who miscarried or who had criminal abortion died, yet, of the 565 labors, however difficult or complicated, there was only one death out of 565 mothers, but the mortality for infants was 15 per cent. In 702 pregnancies there was 1 extra uterine pregnancy, 11 post-partum hemorrhages, 3 anti-partum hemorrhages from partially detached placenta, 4 eclampsia and several other cases of eclampsia in consultation, 1 transverse presentation in consultation, 3 placenta praevia and 1 Caesarean section.

It frequently becomes necessary to artificially terminate pregnancy. In one per cent. of my cases it was necessary to artificially terminate gestation. The indications and the necessity for this procedure should be promptly recognized, and there should be no lack of decision, moral courage, boldness and skillful action when it is necessary to produce abortion in the interest of the mother's life, when it is threatened

by such complications as consumption, renal insufficiency, hemorrhage, eclampsia, extra-uterine pregnancy, tumors, and many other grave conditions that require nicely balanced judgment to determine and delicate skill to handle. In my own cases for sudden and profuse hemorrhage coming on especially at night and at frequent intervals without warning, I dilate and clean out the uterus. I have never produced abortion to save a consumptive and have always lost both mother and child. In the one extra-uterine pregnancy there was rupture of the tube into the folds of the broad ligament. I cut into Douglas pouch, turned out the clot and foetus, packed and left the placenta. Patient recovered. In placenta praevia and puerperal eclampsia, operative interference frequently demands quick decision and prompt action. Eclampsia demands elimination, elimination, elimination, always elimination; free evacuation of the bowels, free diaphoresis, active kidneys and free bleeding if promptly done will often save the patient and control convulsions without injecting more poison into the system. If it does not, forcible dilation of the cervix, or vaginal Caesarean section and delivery with forceps will bring a happy termination of the trouble.

One.—A case of rare interest is that of Mrs. G., who consulted me about her pregnant state and pernicious vomiting, June 1, 1895. After she had consumed much medicine and all known remedies to control vomiting, and after she had lost

much food, flesh and weight, she aborted about the seventh week. The afterbirth did not pass. At the end of a week her temperature was 102.5. The uterus was cleaned and a second foetus with the afterbirth removed. In my limited reading I have not seen a record of a similar case.

Two.—A very much more interesting case is the following: January 4, 1909, Mrs. J. G., normal primipara was found to have at term placenta praevia, a dense cicatricial undilatable os, convulsions, no labor pains. Six hours after the onset of eclampsia it being impossible to dilate the os, and deliver, I delivered the uterus and child by Caesarean section, the child is living and robust, mother died from complete suppression of the urine five days after the operation. This case is reported in detail in the March number of the Yale Medical Journal. This also is an unusual case so far as my experience goes.

Zeal for blood and mutilation where there is no pathological indication should receive the most severe censure and the most uncompromising condemnation in obstetrics as in any other branch of surgery. One of the gravest indictments on the charge of unwarranted mutilation is one against members of our profession who were parties to a mutilation done at an annual meeting of the Association; an hystorectomy was done on a woman who had no complications, no ailments whatever, but the operation was done for no other purpose than to remove a

pregnant womb. I speak advisedly. I examined the woman and pointed out to the chairman of the surgical staff that there was nothing wrong with the woman but an uncomplicated pregnancy. Yet, in spite of protest from myself and the chairman and secretary of the Executive Board, two other members of the surgical section insisted that growths in the pelvis would prevent delivery at term. The mutilation was done, the result proved my contention. Indiscriminate crimes should not be tolerated in our ranks and I hope the co-operation of every decent practitioner may be given to remove from our ranks such crimes and their perpetrators. The National Medical Association can ill afford to let itself be used as a shield for malpractice at any time and especially at its annual meeting.

As to operations independent of, but complicating the pregnant state, I have found that minor operations, such as the extraction of teeth, removal of moles, ingrowing nails and in some cases the removal of a limb are usually harmless and successfully done. Abdominal operations are not always fatal to mother or child. Literature contains reports of many operations successfully done on the pregnant uterus. I have not done any. The following cases illustrate nicely this principle: Standing on the border-line between normal and pathological labor, I have always been confounded by the following unique cases: Mrs. F., Age 23, farmer's wife; except for occasional fits of epilepsy, had always been

healthy, had never been pregnant, had always used precautions to avoid conception. March 30, 1900, alone at her North Carolina country home, she had an epileptic fit and fell into the open fire. Her head, face and hands were burned to the bone. In spite of a septic temperature 102 to 104 degrees F., of sloughing flesh and charred bones, she gratified her husband's sexual passion and was told by her North Carolina doctor that having received the elixir of life from her husband that it was the only thing that saved her life. On April 12th she was taken to Charleston, West Virginia, and placed under my care. Three weeks after the burn I amputated her arm at the elbow and removed a considerable portion of the charred outer table of the parietal portion of the skull. June 30th, about three months after pregnancy, the left eye was enucleated. This case is of special interest; she having been under the influence of chloroform and operated on three times and yet gave birth to a healthy natural child at full term.

Case No. 2.—July 6, 1896, 5:30 p. m., a young married woman, four months pregnant, in a fit of despondency attempted suicide by shooting herself in the left side with a .48 calibre pistol. At 8 p. m., of the same day, I opened the belly and closed up ten openings in the intestines. She did well and had no bad symptoms until five days after the operation when she, without indication or pain miscarried. Three days

later she died in great agony. Dr. Cook, Providence, R. I., reports an appendectomy in the May number of Yale Medical Journal, on an eight months pregnant woman. She aborted and barely escaped with her life.

An obstetrical complication of strange interest to me and one on which I shall be glad to have assistance is a condition observed in two patients complicating pregnancy at about the sixth month. The women were taken in the latter half of pregnancy with severe pains in the left side and legs. The pain came on suddenly and without warning while they were walking around and continued till after delivery. The symptoms and complaints simulated inflammation of the hip joint and disease of the ovaries and tubes. In both of my cases the pain was very severe and referred to the left hip joint. There was stiffness of the joint. The thigh could not be flexed on the belly nor bent at a greater angle than right angle to the body. In each case the symptoms are less the further removed from the pregnant state, but the stiffness remains and the limb on the affected side is smaller. There was no sign of central nervous complications or paralysis. There was no evidence of disease of the ovary or tube. An interesting question is, is it possible that a diseased tube or ovary, the cause, and, would its removal clear up the trouble?

TUBERCULOSIS IN MASSACHUSETTS AND METHODS FOR ITS RELIEF AND CONTROL

By C. W. HARRISON, M. D., Boston, Mass.

The honor of addressing this convention, having fallen to my lot, I feel that it is highly incumbent upon me to bring to you a subject that is not only worthy of your consideration, but also an ample justification for the consumption of your time in the reading of this paper.

Since Tuberculosis and methods for its relief and control are at present agitating the civilized world, it is but natural that we, as medical men, are gravely concerning ourselves with this most vital problem. Wars, famines, and earthquakes are terrible in their visitations; but what are all their aggregated slaughters when compared with the ceaseless silent march of this fell disease that steals away in their fresh prime the brightest and the best?

It appears that consumption and civilization are contemporaneous in their existence. Hippocrates wrote five hundred years before Christ: "Consumption is the greatest and most dangerous disease, and the one that kills the greatest number of people." The Bible refers to its devastation in Deuteronomy, 28th chapter, 21-22nd verses as follows: "The Lord shall make the pestilence cleave unto thee until he have consumed thee from off the land whither thou goest to possess it. The Lord shall smite thee with a consumption and with a fever and with an inflammation and with an extreme

burning and with the sword and with blasting and with mildew."

At the head of the diseases of our country stands consumption—at their head, both as it respects prevalence and fatality. It is estimated by conservative men, that the number of people dying annually in the United States from tuberculosis aggregates 150,000. Manifestly, medical science cannot cope, alone and unaided, with this most difficult and prodigious problem. Many forces—economic, sociological legislative and humanitarian must be brought to bear. It is now fully realized that to fight successfully this disease of the masses, requires the combined action of a wise government, well trained physicians, and an intelligent public.

Since Massachusetts stands pre-eminently in the forefront in matters pertaining to the welfare and uplift of the human family, and since it is believed that her endeavors rank highly and among the best, it is my intention to confine my remarks, as much as possible, to the methods put forth by this state in her efforts to relieve and control this terrible scourge.

In the autumn of 1874, thirty-four years ago, a physician, Dr. E. L. Trudeau, who was stricken with consumption, journeyed far back into the Adirondack Mountains, and established himself in the village of

Saranac Lake, a very primitive settlement at that time. Here Dr. Trudeau rigidly enforced the present great sanatorium tripod—Rest, Air and Super-alimentation. Under this treatment, the doctor rapidly improved.

In 1885, Dr. Trudeau, realizing that what benefited him would help others, established his Adirondack Cottage Sanatorium. From that year, that sanatorium began the campaign against tuberculosis in the United States; until, at the present time, the congregations of 20,000 churches have joined the fight: and in 1908 there were in existence in the United States 273 associations, and over one million dollars was expended in this righteous cause.

In 1882 Robert Koch announced to the world his discovery of the tubercle bacillus. His paper on "The Etiology of Tuberculosis," based on experimental research, threw a flood of light on the darkest page in the history of medicine—a light which revealed the microscopic fungus, which is the direct cause of tuberculosis, gave a new impulse, and opened a new horizon to medical thought.

It is a well known fact that the previous high mortality in Massachusetts from tuberculosis was at first erroneously attributed to the severity of the climate. Later, however, the unhygienic conditions, with lack of proper nourishment that necessarily surround the poorer classes, were advanced as predisposing factors in the development of the disease. These conditions were greatly improved

even before the discovery of the tubercle bacillus, and the mortality was proportionately reduced.

Massachusetts, profiting by her previous high death-rate from tuberculosis, which was greatly reduced by observance of proper hygienic precautions and improvements, was not slow to recognize the real worth of the sanatoria treatment for early cases of consumption, and to her belongs the credit of establishing the first state sanatorium for the care of those among her citizens who were afflicted with this terrible disease, thereby, demonstrating to the world that she fully realized that public health is the foundation on which rests the happiness of the people and the prosperity and power of the country.

The establishment of public and private sanatoria in the United States has proven a boon to the sufferers, and has been of inestimable worth in teaching prophylaxis to the healthy.

In connection with preventive measures, the great importance of recreation, at all stages of life, but particularly in childhood and youth, cannot be too strongly emphasized. Persons living sedentary lives should make it a rule to take long daily walks. All persons, of whatever occupations, should leave the city for three or four weeks annually and go into the country or to the seashore.

The state board of health takes an active part in this fight. At this juncture it may be interesting to know that to Massachusetts belongs the distinction of being the first to establish a state board of health,

which was accomplished as far back as 1869. Dr. Henry I. Bowditch, an eminent physician of this city, who had achieved international fame as an authority on tuberculosis, was appointed chairman of that board, and in his opening address he said that one of the fundamental principles of a board of health is that it is "bound to take care of the public health, to investigate the causes of epidemics and other diseases, in order that each citizen may not only have as long a life as nature would give him, but likewise, as healthy a life as possible."

Dr. George Derby, another physician ranking highly in the medical profession, who was appointed the first secretary to that board, struck the keynote that still resounds when he wrote that fresh air by day and by night, strong and nourishing food, dry soil on which to live, sunlight and warm clothing, are the means of saving many lives which would have been hopelessly lost in the preceding generation. Let in the sunlight and never mind the carpets; better they should fade, than the health of the family.

In 1905 the Legislature passed a resolve authorizing the state board of health: "To cause a public exhibition to be made of the various means and methods used or recommended for treating and preventing tuberculosis now recognized as a communicable, preventable disease;" and I might respectfully add, that it is now considered a curable disease.

In accordance with this resolve the exhibition which lasted ten days

was held and drew an attendance of over 25,000 persons, which was positive evidence of the great interest taken by the laity in co-operating with the medical profession in their fight against tuberculosis.

In accordance with an order of the state board of health of August first, 1907, tuberculosis in all its forms was included in the group of diseases considered dangerous to the community. Notification to the local board of health of all cases of tuberculosis is therefore compulsory throughout this state. Medical inspection of all reported cases is systematically carried out. Compulsory free disinfection is done after the death or removal of every consumptive. A bacteriological laboratory is maintained for the free examination of sputa, throat cultures, etc. An excellent system of inspection of schools and school children is enforced. The health authorities are given power to forcibly remove or detain in hospital, any case of tuberculosis considered dangerous to the community. Promiscuous spitting is prohibited, and signs to that effect, and calling attention to the penalty for violation of the same, are posted by the board of health in conspicuous public places; and numerous fines have already been imposed, by the courts of this state, for spitting upon the sidewalks.

I believe that the people of this state fully appreciate the magnitude of this problem, and they are hopeful of good results in their efforts. They feel that every case of consumption reported or otherwise dis-

covered should be traced to its home in order to be better able to care for the patient and to guard the rest of the family against infection. In order to be able to cope more successfully with this problem, committees have been appointed, and the state divided into fifteen health districts, each containing an inspector, whose duty is to seek information respecting all influences which may be deemed dangerous to the public health. His duty concerns the health of all minors employed in factories within this district. It concerns the hygiene and sanitation of slaughter houses, factories, public buildings, and tenements in which clothing is manufactured. Briefly stated, his duties relating to tuberculosis are as follows: To gather all information possible concerning its prevalence; to disseminate knowledge as to the best methods of preventing its spread; to report to the state board of health any minor employed in a factory who is known to have any form of the disease; to report to the state board of health and to the proper local health authority every case discovered in a tenement work shop; to notify local boards of health of any person found to be endangering the public health; and to see that the notification laws, which require householders and physicians to report any known case, are enforced. Thus you will see that the duties of the state inspectors are manifold. But let us not forget that the main object is to keep the public health intact, and the all-important health problem at the present time demands the services of not only the

medical profession, but also every other profession and every individual. It is the duty, however, of the medical profession to keep this matter constantly before the public, thus stimulating them to observe more carefully proper hygienic and sanitary methods of living.

In realizing the efforts put forth in this work, one cannot but feel that Massachusetts, with her private and public sanatoria, hospitals, dispensaries, laboratories, day camps, and out-door schools for the young, and her control of bovine tuberculosis, and the combined work of public and private associations in relieving and controlling this disease is making a most superb effort, and justly merits the consideration that is due her in this work; and it is sincerely hoped that humanity may reap the full benefits of these praiseworthy efforts.

In the discussion of tuberculosis it may be interesting to enumerate some of the various methods employed in the diagnosis and treatment. Every physician will readily agree that the earlier the diagnosis is made, and proper treatment instituted, the better chance the patient has of recovery.

Concerning diagnosis it may be interesting to observe that the continued use of the tuberculin test in a large series of cases, covering a period of several years, gave such unsatisfactory results in differentiating incipient cases of tuberculosis that it has been discarded in some of the state institutions. Although it has failed to identify early pulmonary phthisis, faith in its reliability when

properly used, to demonstrate the presence, without regard to location, is not diminished. The ophthalmic reaction has also been found to be unreliable in diagnosing incipient tuberculosis, and has also been discarded.

Every practitioner knows the value of keeping in sight the established methods of proven worth in arriving at early diagnosis. I refer to the microscopical examination of the sputum and the finding of tubercle bacilli therein. In this connection, I consider the microscope an instrument indispensable to every practicing physician, and the younger members will do well to first secure a microscope, and then, if necessary, a horse and buggy.

I sincerely hope that no one will understand me to advocate waiting until bacilli are present in the sputum before making up his mind as to the diagnosis of tuberculosis. I believe that it is necessary to be constantly on guard for the incipient signs. Loss of weight, failing appetite, loss of strength, general debility and increased pulse-rate with a daily slight elevation of temperature are symptoms which justify one in putting his patient on the tuberculosis treatment, since repeated examinations of the chest may have to be made before distinct physical signs are detected, thereby causing a loss of valuable time, which matters much to the patient.

The principle and established methods of treating pulmonary tuberculosis may be stated as follows: by home treatment, since the vast

majority of all cases are compelled through economic causes to take their treatment at home, aided by the local tuberculosis dispensary; by tuberculosis classes, which were first established in this city. These classes (usually established by and connected with churches) meet weekly as a rule, and the patients live at home. The fundamental idea is to combine the latest scientific methods for combatting consumption along with such psychical forces as discipline, hope, encouragement and freedom from financial worry. It is claimed that much good is being accomplished by these classes: by central and branch dispensaries, to which patients apply for examination and treatment. They receive valuable instructions and are encouraged to believe that they will get well, thus insuring their co-operation with the physician. Nurses are connected with these dispensaries and they trace the cases to their homes in their efforts, not only to help the sick man, but also to safeguard the health of the family. By day camps, which are collections of wooden shanties or tents, affording shelter and giving treatment by day and allowing the patients to return to their homes at night. In these shacks or tents the patients live practically out of doors and get the benefit of competent medical supervision. By Sanatoria, which offer the most modern and up-to-date methods of treatment. These institutions are usually located in the country, in attractive places, and are built with an aim of giving the inmate much fresh

air and sunshine. They are inexpensive structures and, usually, when it is a public institution, admit only incipient or hopeful cases. Some claim to cure seventy-five per cent. of the cases admitted. By hospitals when the cases are far advanced and the patients are compelled to take to their beds.

The chief aim of all these methods of latter day treatment is to give the patient an abundance of fresh air, much sunshine and plenty of good nourishing food, with rest for mind and body.

Under these methods of treatment Massachusetts has succeeded in reducing her death-rate, which in 1849 was 48 per 10,000 to 18 per 10,000 in 1907. It is also gratifying to know that the educational authorities are establishing courses of instruction on tuberculosis in all the schools of the state.

It is a well known fact that occupation is a powerful factor in pre-disposing one to tuberculosis. The average workman of our large cities lives in overcrowded and unsanitary tenements, and additionally, labors under unhealthy conditions. He is oftentimes overworked, and a victim of intemperance with a badly selected and insufficient food supply. And, more serious still, the food is, too often, poorly prepared. Trades in which dust and acids and dirt are necessarily or unnecessarily prominent are especially considered most dangerous.

In conclusion, I desire to state that in my opinion the solution of the tuberculosis problem does not

lie so much in the construction of numerous sanatoria as in improving the common housing of the laboring classes and the conditions under which they labor. As medical men we should lead in the demand for remedial legislation which will secure light and fresh air to all the people. I consider that an improved rate of wages, together with a reduction in the present high prices of foodstuffs, thereby allowing the purchase of a more varied and nourishing diet, will in a large measure, defend the masses against the ravages of this most dangerous enemy, and humanity will have cause to feel truly grateful for these most humanitarian methods.

DISCUSSION BY DR. A. N. LUSHINGTON

Dr. A. N. Lushington, of Lynchburg, Va., the only representative of the Veterinary Section, of the Association in discussing the paper of Dr. Harrison said in part:

"Speaking from the standpoint of a practical veterinarian, I am of the opinion that the subject of Dr. Harrison's paper is one of the most important that could be presented before this Association.

"The disease, tuberculosis, is widespread and is unquestionably making undisputed strides over a very extensive territory. The bovine or cattle species, are largely susceptible to this terrible plague whose transmissibility to the human species, and vice versa, has been established beyond a question of doubt. And just in this connection comes in the positive danger since the flesh and milk of

cattle constitute two of the most important articles of human food.

"The danger is greatest among the poorer or working classes who can afford to buy only the cheaper grades of meat. The American people are possibly the greatest consumers of meat in the world and with the exception of a few of the largest cities there is no system of municipal milk and meat inspection in this country, which offers an approximately adequate safeguard to the consumers of these important commodities of food.

"The recommendations of a 'rare meat' or 'milk' diet for human patients suffering from various forms of

maladies as Tuberculosis, Typhoid, Typhus, Marasmus and other forms of debilitating diseases is fraught with considerable danger, for, except he can be certain of the source of supply, the physician can hardly ever expect to improve his tuberculous patients by feeding them on partially cooked flesh or milk of possible tuberculous cattle. * * * *

"In conclusion I would say that any methods which may be instituted by the medical fraternity in combating this dreadful scourge and which fail to take into account the necessity of co-operation on the part of the veterinarian is almost certainly doomed to failure and disappointment."

THE DIAGNOSTIC VALUE OF TUBERCULIN

By W. C. GORDON, M. D., Springfield, Ohio

In the midst of this world-wide investigation of the subject of tuberculosis, one can offer but one apology for attempting to discuss it; and that is an earnest desire for light.

In 1890, Koch announced the discovery of a substance found in the culture medium upon which tubercle bacilli had been grown, which he called tuberculin. Coincident with the announcement of the discovery, came the statement that this substance produced a specific reaction in tuberculous patients, and had curative action upon a tuberculous condition if administered in sufficient and proper doses and for sufficient length of time.

This tuberculin which is now

designated as T. O. is the concentrated culture medium upon which the tubercle bacilli has been grown for several weeks, which has been rendered germ-free by heat and filtration, evaporated to one-tenth of its original volume and diluted with a fifty per cent. glycerine solution.

All the new tuberculins are made without the addition of heat and consist of ground up, dry tubercle bacilli, suspended in water and glycerine.

Experimentation has proven that relatively large amounts of tuberculin may be administered to healthy individuals without producing any symptoms whatever, but, that an equal or smaller amount injected in-

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to tuberculous subjects produced a marked reaction of varying intensity.

The reaction is this: The temperature will be elevated one-half to two degrees F., with a general feeling of illness, headache, insomnia nausea and vomiting, wandering pains, and loss of strength; around each localized area there is produced heat and redness.

The questions which naturally present themselves are, why do fever and the other symptoms occur in tuberculous patients when tuberculin is administered? Why does it seem innocuous for healthy animals and toxic, even sufficient to produce death, for tuberculous animals? These are pertinent questions and demand an answer before much progress can be made.

Of all the theories advanced the one offered by Sajous seems most plausible; i. e., in normal subjects the glandular system, particularly the adrenals, are in a normal functional state and the dose of tuberculin or toxins introduced is insufficient to produce an unusual activity. On the other hand, in the tuberculous subject the glandular system, including the adrenals are already over active and the tuberculin not only excessively stimulates the glandular system, but it adds more toxins to those already present. This united action of tuberculin and toxins formed from continuous over activity, produces an excessive reaction of the glandular functions, and this is manifest by the febrile state and other symptoms, any or all of which may be produced by stimulation of the adrenals.

In the administration of tuberculin hypodermically, care must be exercised that not too large doses be given, as frequently the reaction is very pronounced, and cases have been reported in which hemoptysis and death followed an over-dose; i. e., we must recognize in tuberculin a powerful agent, capable of doing irreparable harm, if not intelligently used.

Equally accurate and safer methods have been recently devised. The Wolff-Eisner or the Ophthalmo reaction in which one drop of a normal salt solution of tuberculin is instilled in the inner canthus of the eye of a suspected case; this is followed in from 5 to 18 hours by a local reaction. The palpebral conjunctiva becomes congested and a more or less sero-fibrinous exudate accumulates in the inferior culdesac.

Another test being used now is the Moro reaction or test; it is carried out as follows: first, prepare a tuberculin ointment by combining equal parts of lanolin with tuberculin, then select a site on the abdomen or chest free from eruption or irritation of the skin, gently cleanse an area about two inches square, first with soap and water, then alcohol to remove the grease, followed by clear water, then cleanse the index finger of the patient in the same manner, place about one grain of the above ointment on the finger and instruct the patient to rub this into the cleansed area for a couple of minutes. A similar space on the abdomen is cleansed as above, the other index finger cleansed, and sterile lanolin

rubbed in; this serves as a control. The two areas are covered with dressing of sterile gauze and adhesive. The reaction appears in 24 to 48 hours, when a granular, nodular or papular red eruption appears, the character and extent of the eruption varying from very slight to pronounced thickly studded eruption.

The cutaneous reaction or Von Pirquets, the one with which I began my first experiments, and with which I am really more familiar, is carried out as follows: After thoroughly cleansing the skin with soap and water, alcohol and water, at two points three inches apart, place a drop of a twenty-five per cent. normal salt solution of tuberculin Old, with special scarifier or sterilized scalpel; remove the superficial layer of the skin under the drops; at a third point midway between the above two points under a drop of normal salt solution and fifty per cent. glycerine, make a similar scarification; this serves as a control. Care should be exercised not to carry tuberculin to this control. In order to avoid this, I have adopted the plan of using a second sterilized scalpel for the control.

This is followed by a reaction in 24 to 72 hours. The skin becomes elevated or swollen and indurated with one or many papules of varying size, with or without an exudate of serous fluid. In the pronounced reaction the eruption is very similar to a hive, and may or may not be accompanied with marked itching.

As to the reliability of the three tests the following is a report of the

27 tests which I have made in the past twenty months. Six patients were subjected to the Ophthalmo test alone; of these six suspicious cases, five reacted positively, one negatively. I have not been in position to know the subsequent history of the negative case. One patient with an old scleritis reacted very violently; i. e., such a violent conjunctivitis resulted that for a time I practically abandoned the Ophthalmo test.

Seven patients were subjected to both the Ophthalmo and Von Pirquets' tests; five reacted positively to Ophthalmo test—six to Von Pirquets—one negatively to both. A subsequent Ophthalmo test applied at end of 60 days to the patient who responded to Von Pirquets and not to the Ophthalmo test was positive.

Three patients were subjected to Von Pirquets' test alone—all positive. Eleven patients were subjected to both Von Pirquets' and Moro's test and responded as follows: two failed to react to either test after a second trial. Of the remaining 9 all responded positively to Von Pirquets' test. Five responded positively to Moro's on first application, and 2 of the other 4 on second application, making a total of 7 out of 9. Out of a total of 27 suspicious cases, 24 have reacted positively to one or two tests. Three have been negative to every test used. Of the 24 positive, 18 were subjected to Von Pirquets' test—all positive. Of the 24 positive, 12 were subjected to Ophthalmo reaction—11 reacted positively; but one which had reacted to Von Pirquets failed to respond. Of

the 24 positive, 9 were subjected to Moro's test—7 responded positively, and 2 which had reacted to Von Pirquets' did not react to Moro's.

In studying this series of cases, two were of striking interest to me. Case 11—Female, colored, age 19, unmarried, tubercular parentage; father dead of tuberculosis, mother scrofulous. Typical case, third stage; large cavity apex right lung, high temperature, rapid pulse, anemia and emaciation, cough, free expectoration—tubercle bacilli present in sputum in large numbers. Von Pirquets' and Moro's tests were made and a total of four tests, two by each method; reaction negative. Subsequent history—patient died two months later of pulmonary tuberculosis.

Another case of particular interest is Case IV.—Female, colored, age 14, parental history, negative, both living, in good health, previous history good, no sickness other than diseases common to childhood. Patient developed pneumonia, base of right lung, March, 1908. Having but recently undertaken the use of tuberculin, I was naturally suspicious of every case, and over enthusiastic in my search for something or somebody into whom I could instill a recently purchased supply of tuberculin. I forthwith made the Ophthalmic test. To my surprise the patient reacted positively, a marked congestion of the conjunctiva with a serious exudate in the inferior cul-de-sac. I at once assumed that I had a case of acute tuberculous Broncho-Pneumonia or Hasty Con-

sumption, but, contrary to custom, on the 7th day the patient had a crisis and made an uneventful recovery. Subsequent examinations failed to evince any evidence of tuberculosis.

Early in September, 1908, just after my return from the New York meeting, I was called at midnight to see the same patient; found her suffering with severe pain in right region, some distention; could not detect mass in side; diagnosed condition as appendicitis, and advised immediate operation. After consultation an operation was again advised and accepted; patient was operated on 15 hours after first pain. When abdomen was opened the peritoneal cavity was found to contain about two pints of clear fluid, and peritoneum studded with miliary tubercle. The appendix was distended with pus, not yet ruptured. Appendix was removed, cavity flushed, patient made uneventful recovery, and has continued in good health.

The great advantage of a positive means of diagnosis of tuberculosis must be appreciated by every practitioner of medicine, because of the frequent instances in which clinical history and physical examination leaves one wholly unable to decide.

Lamentable as it may seem, 'tis true that in a large percentage of tubercular cases the condition is diagnosed by the patient or his friends. A negative physical examination by the most expert does not exclude tuberculosis, the disease oftentimes being months old before it can be detected by the most careful examina-

tion. Percussion and auscultation in the very early stage are practically valueless; signs thus detected are helpful, if present, but it means nothing if they are absent.

On the other hand in our enthusiasm we should not lose sight of the fact that a patient may yield a positive reaction and yet be suffering with some other malady—the tubercular condition being a complication.

By way of conclusion I would say that in all suspicious cases, if the test fails, repeated tests should be made before a tubercular condition is excluded. Further in any obscure internal or external disease the test should be made and the presence of tuberculosis excluded or established before going further.

— — — — —
In discussing the paper by Dr. Harrison, Dr. W. C. Gordon of Springfield, Ohio, said: "I wish to challenge the statement of Dr. Harrison when he makes claim that the use of tuberculin as a diagnostic has been aban-

doned, the agent having been found to be entirely worthless. To the contrary, trained nurses and physicians are relying upon tuberculin as a diagnostic aid more and more each day; that unfortunately tuberculin as a diagnostic agent is having the same sad experience as tuberculin as a therapeutic agent. Upon the announcement that its use would aid in determining the nature of obscure affections of tubercular origin, there followed a widespread use of tuberculin by men who did not take the trouble to learn anything of tuberculin, its potency, dosage, indications and contra-indications, physiological action, etc., and like the city fellow who bought a farm, sowed wheat and expected to reap barrels or bags of flour with no further effort, and without the exertion of brain power, they did not get a typewritten report of the cases experimented upon, with differential diagnoses made, they set about to condemn and abandon tuberculin as the farmer abandoned the farm."

REPORT ON MEDICAL EDUCATION

By H. F. GAMBLE, M. D., Charleston, W. Va.

BEFORE THE NATIONAL MEDICAL ASSOCIATION, BOSTON, AUGUST 25, 1909

Continued from Vol. I. No. 4

COPY OF THE LETTERS TO DRs.
HUNTER and McDOUGALL

Sirs:—

At the annual session of the N. M. A. held in Baltimore, the Executive Board appointed the follow-

ing committee on medical education and medical legislation:

H. F. GAMBLE,
J. E. HUNTER,
J. Q. McDOUGALL.

While I have been doing some independent work, hoping to accom-

plish something for the good of medical education, yet I feel that most can be done by having your co-operation. I wish, therefore, to request that you make an investigation of the Negro medical schools throughout the country, ascertaining the following points if possible:

First: Is the primary education of the Negro medical student deficient or inferior to that of similar white schools?

Second: Is the curriculum or course inferior?

Third: Are their instructors as competent?

Fourth: Is the Negro medical student less competent to comprehend the science of medicine?

Fifth: Any other matter pertaining to this subject that would be helpful.

In the Journal of the A. M. A. of May 25, 1907, beginning on page 1764, the colleges of the United States are classified by the percentage of the failure of their graduates before the various State Boards. In this classification, all Negro schools are placed as third rate schools with a very high rate of failures. I would be glad to have you confirm or disprove this publication by your investigation.

I am requesting each member of the committee to make similar investigations. I shall be very glad to have an early reply and your co-operation in this work so that our effort may improve the present condition of affairs in our Negro schools and may be reported on with recommendations

at the next annual meeting of the N. M. A. I am,

Very truly yours,
H. F. GAMBLE.

COPY OF LETTER TO COLLEGES

Charleston, W. Va.,
February 1, 1908.

My Dear Doctor: At the session of the National Medical Association held at Baltimore, Md., August, 1907, the following committee was appointed on Medical Legislation and Medical Education: Dr. H. F. Gamble, Charleston, West Virginia; Dr. J. Q. McDougall, Philadelphia, Penn., and Dr. John E. Hunter, Lexington, Ky.

This committee notes in the Journal of the American Medical Association for May 25, 1907, beginning on page 1786, the classification of the medical colleges of the United States based upon the percentage of failures before the various State Boards. We find all Negro medical schools placed in the third, or lowest class or unclassified.

We come to you in a spirit of helpfulness, and, backed by the large body of the National Medical Association, we desire to co-operate with you, so far as we are able, in elevating to a higher plane the standard of medical education in our colored schools. As a means to this end, we very respectfully and urgently request you to advise us upon the following:

First: Is the course of instruction in your school responsible for its classification? Or,

Second: Are your matriculates handicapped by inferior preparation, for pursuing your course? Or,

Third: Are you, for financial reasons, unable to engage competent instructors? Or,

Fourth: Is the Negro student less able than the average white student?

We note also, in the first-class schools, many Negro men are taking high honors and making good showings before the State Boards. Without definite knowledge, we are of the opinion that our race schools would stand higher but for the limited preparation of our students.

We trust that you will favor us with your views and co-operate with us in our attempt to remove the obstacles retarding the study of the science of medicine among members of our race. Hoping to be favored with an early and full reply, we are,

Very truly yours,

H. F. GAMBLE,
J. Q. MCDUGALL,
JNO. E. HUNTER.

HOWARD UNIVERSITY

Washington, D. C.
February 10, 1908.

Dear Sir:

Replying to your esteemed favor, will say that I am enclosing answer, covering the points of your inquiry, from Dean Reyburn of our school of medicine.

I sympathize deeply with your efforts to raise the standard of medical education in our schools. I have no hesitation in saying that we are making decided advancement at Howard. The grade of our matriculates is the highest in the history of the University. Students are now

continually being pressed back into preparatory schools and colleges. Our examinations are more strict than ever before. We have also raised the fees in the school of medicine to \$100, which also has the effect of elevating the standard of entrance.

With good wishes for your plans, I am,

Sincerely yours,

Signed: W. P. THIRKIELD,
President.

Dr. H. F. Gamble,
Charleston, W. Va.

HOWARD UNIVERSITY

Washington, D. C.

February 4, 1908.

Dr. William P. Thirkield,
President Howard University.

Dear Sir:

In reply to the inquires contained in your letter of February first and enclosure, I have the honor to make the following replies:

1st. The course of medical instruction, now given in the Medical Department of Howard University, is generally recognized as being equal to that given by any medical college in the country.

2nd. The second inquiry made by the committee of the National Medical Association, discloses the real weakness and defect of all American colleges; namely, the lack of sufficient preliminary training in the matriculates. This has been largely eliminated by the Medical Department of Howard University, by making more severe the entrance examinations, previous to and after matriculation.

3rd. Through the liberality of the trustees of Howard University and from fees paid by our students we are well supplied with medical instructors.

4th. The Negro is just as capable of receiving and profiting by the instruction given in a medical college as the white student.

Very respectfully,

Signed: ROBERT REYBURN,
Dean.

SHAW UNIVERSITY

Raleigh, N. C.
Feb. 3, 1908.

Dr. H. F. Gamble,
Chairman Executive Board,
National Medical Association,
Charleston, W. Va.

My dear Doctor:—I have your letter of the 1st inst. and am pleased to note your interest in the medical education of colored young men.

I was aware of the classification referred to in your letter, and there is only one remark to be made concerning it, so far as this institution is concerned: we need only the financial means to enlarge our faculty and increase our equipment. Plans are already being formed that we hope will bring about both of these desirable ends. It is merely a question of finance.

At the last examination of the State Board of Medical Examiners of North Carolina, there were ten applicants for license to practice medicine from the Class of 1907, Leonard Medical School, the Medical Department of Shaw University. Every

one of the ten were successful, and the Secretary of the Board has written me that they made good marks.

I note near the close of your letter the following: "We trust that you will favor us with your views and co-operate with us in our attempt to remove the obstacles retarding the study of the science of medicine among members of our race."

Permit me to say that no one is better acquainted with these obstacles than I am, and probably no one has for years been trying harder to remove them. Will you kindly allow me to say that it is not a question of our co-operating with you. It is a question of your co-operating with us, to the end that there may be more financial means with which to do this work.

Before closing, I ought to remark with reference to your fourth question, for I have already answered the other three, that the Negro student seems to be too anxious to enter upon the study of medicine without adequate preparation. Although the Leonard Medical School is not a member of the American Medical Association of Colleges, yet I take pleasure in informing you that two years ago we adopted the requirements of the American Medical Association of Colleges for admission to the freshman class.

I shall be glad to hear from you at any time you feel like writing and to receive any suggestions you have to make.

Faithfully yours,

Signed: CHARLES F. MESERVE,
President.

MEHARRY MEDICAL COLLEGE

Nashville, Tenn.

April 15, 1908.

Dr. H. F. Gamble,

Dear Sir:

Your letter was received at the proper time, but my college duties prevented me from giving it the attention it deserved. I have consulted with my faculty, and have obtained the opinion of quite a number of them and find that while there are differences on minor points, we agree in regard to the principal difficulties which surround colored medical students.

Yours truly,

Signed: G. W. HUBBARD.

SOME REASONS FOR FAILURE OF COLORED PHYSICIANS TO PASS STATE BOARD EXAMINATIONS

1. Early Home Surroundings:—A large proportion of white children have been brought up in what might be called an intellectual atmosphere, well supplied with books, papers and magazines, and cared for by parents who have been at least fairly educated. The reverse is largely true with colored children.

2. Poverty:—On account of insufficient means many colored medical students either enter late and leave before the close of school, only attending the required eighty per cent. of the full session. They also find it difficult to procure the necessary text books and books of reference.

Many are obliged to work for their board while attending school, and this reduces the time which should be devoted to study by at least from two to four hours per day. During

vacation they are engaged in occupations which prevent their devoting any time to their medical studies.

3. Lack of proper Literary Training:—The present requirements of the American Association of Medical Colleges demand four years of a high school course or its equivalent. Unfortunately, there are but few high schools for colored students that have a four years' course. And in many of the Southern States but few or any high schools are within the reach of colored children. Many of the other training schools where students are prepared to study medicine are deficient in apparatus and are not able to provide a sufficient number of well qualified teachers. We have found that large numbers of applicants for admission are deficient in a thorough knowledge of the natural sciences. This is especially true of physics and chemistry.

4. Lack of Funds for Colored Medical Colleges:—As far as we know, none of the colored medical colleges have any adequate endowment, and must depend largely on the tuition of students. This tuition averages from about one-fourth to about one-half of that demanded at white medical colleges. As a result of the lack of means, the colored medical college has not been able to employ as large a faculty or secure the necessary buildings, libraries, and apparatus as is furnished by white colleges. With the exception of Howard University they have been deficient in furnishing proper hospital advantages. The public hospitals at New Orleans and Nashville are

closed against them although a large proportion of the patients in these hospitals are colored.

5. Prejudice on Account of Color:—It has been reported that in some instances, colored applicants have not received due credit before medical examining boards. How much truth there is to this report, I am unable to say.

Signed: G. W. HUBBARD, M. D.,
Dean.

an unsuspecting public, unqualified both by aim and professional spirit, to practice medicine as a profession. Second, I call attention to the fact that I think too much stress is put upon a man's material success in making money and too little upon his successful work of purely scientific character. I want the National Medical Association to give some expression upon this phase of the question and to appeal to the heads

A. M. A. Table For 1906—Colleges having 20% of failures before State Boards

Colleges	Year	Total Examined	Number Passed	Number Failed	Per cent. Failed	Number of States
Howard University	1906	37	28	9	24.3	16
Leonard Medical School	1906	56	32	24	42.9	12
Meharry Medical College	1906	111	60	51	45.9	20
Flint Medical College.	1906	24	11	13	54.2	3
Louisville Medical College	1906	43	32	11	25.6	15
Knoxville Medical College.	1901-6	3	1	2	66.5	2
Howard University	1907	28	23	5	17.9	11
Leonard Medical School	1907	26	19	7	26.9	3
Meharry Medical College	1907	57	39	18	31.6	16
Flint Medical College.	1907	15	9	6	40	8
Louisville Medical College.	1907	48	35	13	27.1	4
Knoxville Medical College.	1907	5	1	4	80	12

DISCUSSION BY DR. HALL

In discussing the paper Dr. Hall said, "I arise for the purpose of discussing the report. First, because of its important bearing on the Negro in the profession, particularly in the South, where the Negro, shut out from association with the whites, must keep up a high professional standard. That while there are medical schools in the South that are turning out good men, there are springing up medical schools that do not deserve the name of medical schools and whose main business seems to be to turn men out upon

of our medical institutions to put more emphasis upon the higher professional ideals rather than the commercial side of medicine.

Report of Dr. Gamble: Dr. W. G. Alexander of Orange, N. J., considered the matter brought out by Dr. Hall in his discussion as most opportune; that since the Association is mainly dependent on the Negro schools for its membership that the Association should take an interest in the standards maintained by these schools; that it was very humiliating to look over the records and see the

large number of failures before State Boards charged up to Negro schools. He attributed the fault to the fact that the standard of preliminary education was too low; that in many instances there seemed to be no standard

at all. Many states, especially New Jersey, placed equal stress on the preliminary and medical education. Another error was in allowing non-graduates to appear before State Boards.

*GASTRIC ULCER

Abstracts of Paper by J. J. ROBINSON, M. D., Providence, R. I.

In the treatment of any disease, the indications are to remove the cause or causes which produce the disease. In cases of ulcer as we said in the beginning, the causes are so clouded in obscurity that no treatment can be instituted in that direction.

The treatment of a wound or an ulcer in any external portion of the body is to put the affected part or parts at absolute rest. A wound cannot heal, or heals but slowly when it is continuously irritated by movements or by various foreign agents. Such is true of gastric ulcer. Absolute rest of the stomach is one of the first requisites and fundamental conditions of a cure. The administration of all food by the mouth is interdicted and resort has to be made to rectal alimentation. Rest in bed is also imperative for at least two or more weeks.

Nutrient enemas are given at intervals of eight hours, the quantity varying from 4 oz. to 6 oz. and are kept up from 5 to 10 days until the hemorrhages and vomiting have ceased and the stomach can retain some small amount of nourishment without any distressing symptoms.

Cracked ice is given to relieve thirst and an ice bag to the epigastrium is serviceable both in cases of pain and hemorrhages. Sometimes I have found it necessary to resort to a hypodermic injection of morphia to control the vomiting.

Of the drugs recommended, I find that subnitrate of bismuth with bicarbonate of soda gives the most gratifying results. It should be given for a long period even after the cessation of most of the symptoms. Nitrate of silver is another drug that is recommended, though a case that has been treated with that preparation has never yet come under my observation.

After an amelioration of the symptoms, a select and regulated diet must be administered to the patient. For the first seven or ten days after discarding the use of the nutrient enemas a liquid diet is indicated, preferably milk, then bouillon, and by gradual steps, raw eggs, scraped beef, zwieback, broiled chicken, etc. Such in brief is the generally accepted treatment for gastric ulcer.

I wish now to detail the treatment, reference to which I made a few moments ago. I do not claim for it

*Read Before National Medical Association, Boston, August 25, 1909

any superiority over the generally accepted treatment although it stood me well in the case in which I tried it and which I will relate. So far as I was able to ascertain in several cases treated by this method, the results were gratifying, though the number of cases were not sufficiently large to base any positive conclusion. The method is known as Lenhartz treatment. An illustration will probably serve us better. Mrs. L. whom I treated six years ago for ulcer apparently recovered under the generally accepted treatment and when she called me up three months ago for the recurrent ulcer, I instituted the same treatment but after seven days of rectal feeding and gastric starvation and a subsequent seven days of limited gastric feeding, I found little improvement in my patient. It was a question in my mind whether to continue medical treatment or refer her to the hospital probably for surgical interference. The friends of the patient as well as the immediate family becoming a little alarmed and uneasy, I suggested that I have a consultant which suggestion was readily acceded to. I called in Dr. Matthews of the visiting staff of the Rhode Island Hospital, and after examining the patient and ascertaining my treatment and results, he suggested that I try the Lenhartz cure. To be precise, I will quote from *Progressive Medicine* Lenhartz's method which I followed in the case of my patient whose condition improved from the very beginning of the treatment.

"Lenhartz's treatment attempts

first to furnish nourishment and improve the patient's general condition; second, to prevent distention of the stomach by a careful limitation of the size of each food portion and of the fluid taken and by the use of ice application externally; third, to prevent the action of the excessive hydrochloric acid contents on the ulcer's surface by combining it with food albumen.

Food is administered in small quantities at one hour intervals. Slow mastication and slow eating are insisted upon, and these are accomplished by feeding the patient with teaspoonful amounts to each mouthful and by never allowing him to feed himself during the first two weeks of the cure.

A three to four weeks' rest in bed is insisted upon in each case. An ice bag is usually applied to the epigastrium and bismuth subnitrate is administered internally for the hemorrhage. There is no rectal feeding but food is administered by the mouth from the very beginning.

The preparation of the foods used during the first two weeks of the treatment is as follows:

The raw eggs are beaten up whole and iced. Both the milk and the egg are placed in covered glass tumblers, surrounded with cracked ice and kept at the bedside. The feeding spoon is also kept iced. The egg and milk are administered in alternate feedings. Granulated sugar is added to the eggs on the third day. The routine of administration is as follows:

Day	Eggs	Milk	Sugar	Scraped Beef
1	2 eggs—2 drams per dose	6 oz.—4 drams per dose		
2	3 eggs—3 drams per dose	10 oz.—6 drams per dose		
3	4 eggs—4 drams per dose	13 oz.—1 oz. per dose	{ 20 gm. add- ed to eggs	
4	5 eggs—5 drams per dose	1 pt.—1-1-2 oz. per dose	“	
5	6 eggs—6 drams per dose	19 oz.—14 drams per dose	30 gms.	
6	7 eggs—7 drams per dose	22 oz.—2 oz. per dose	40 gms.	30 gm. in 3 doses
7	{ 4 eggs—4 drams per dose 1 soft boiled egg every 4 eggs [4 hrs.	{ 25 oz.—2 oz. per dose		{ 70 gm. with boiled rice 100 gm. in 3 doses

Eighth, ninth, tenth days same as above with the addition of some zwieback on the tenth day.

Eleventh to fourteenth day, interval of two hours in feeding. Cooked chopped chicken or ham. 50 gm. and butter are added.

Of course there are conditions or complications when a gastric ulcer becomes a surgical affection. Repeated and persistent hemorrhages, progressive anemia, perforation, are indications for summoning the surgeon to our assistance.

Finally we should instruct our patients who have had gastric ulcers that they should for all time observe the hygienic and dietetic rules which keep digestion to an approximately normal state, which prevent anemia and which best conserve nature's resistance to disease.

DISCUSSION BY DR. W. H. HIGGINS

Mr. President and Members of the National Medical Association:

I esteem it an honor unmerited on my part to open the discussion of this valuable paper by my friend and co-worker, Dr. Robinson. The subject, Gastric Ulcer, is a pertinent and timely one for this body to consider, for no organ of the human body is so important and essential to

the welfare and comfort of the patient as is the stomach.

In the brief time allowed me, I will not attempt to enter into a discussion of the symptoms, aetiology and pathology, save to simply emphasize the most prominent causative elements.

Most authorities agree that anaemia and chlorosis are the forerunners of Gastric Ulcer, the hyperacidity of the stomach on which the doctor lays stress is simply a symptom and not a recognized causative factor. It is nevertheless always present in well-marked cases. It is to be regretted that the doctor did not lay more stress on the differential diagnosis, for too often Gastric Ulcer is diagnosed for Carcinoma, and in my opinion too much cannot be said against these fatal mistakes on the part of the family physician. To my mind the most important symptom of Carcinoma is the age; invariably the patient has passed his forty-fifth mile-stone. In Carcinoma, pain

constantly, not so in Gastric Ulcer. In Gastric Cancer the patient loses flesh and strength rapidly, not so in Gastric Ulcer, except when we have to resort to rectal feeding.

In regard to the treatment, which the doctor has given so elaborately, and especially that of Lenhartz, it does not appeal to the general practitioner for the simple reason it is impracticable in the cases we see. The large majority of patients that the average Negro doctor sees are not able to carry out to the letter the methods of Lenhartz neither Leube's, nor Einhorn's, consequently as physicians we are forced in many cases to practise medicine far too economically for the good of the patient and the reputation of the physician.

My experience has been both in hospital and private practice to give the stomach in Gastric Ulcer cases absolute rest as soon as a positive diagnosis is made. Large nutrient enemata given every four hours with a little tincture of opium will sustain

your patient for eight or ten days, at which time small quantities of cold milk and eggs should be instituted. Ice bag applied will relieve pain in most cases, where it fails I use an anodyne, hypodermatically. The salts of bismuth, of which the doctor speaks, is a sheet anchor in this disease and should be continued in increasing doses for many weeks after all symptoms have passed.

The indications for operative procedure are well marked and should only be resorted to after all else have failed.

In perforation of the stomach the patient should be operated upon at once. In hemorrhage and stenosis the surgeon should be consulted but an operation is not always imperative in this condition.

Time forbids me saying more on this splendid paper which my colleague brings for our consideration and I congratulate him on the preparation of this estimable thesis he has brought for us.

In his annual address before the Medical Society of Washington, D. C., the president, Dr. Edward A. Balloch, calls the attention of the society to the fact that its organ, the Medical Annals, has only a small amount of advertising matter, and urges all members of the society to assist the editorial committee in changing this condition. We wish to say that this is just and proper, and we wish to bring the matter to the attention of the members of the

National Medical Association and to suggest that each member make himself a committee of one and to bring to the attention of the salesmen of the various manufacturing and publishing houses, the advisability of putting before the large body of Negro medical men their products by advertising in the Journal of the National Medical Association. By so doing each member will be rendering the Association a distinct service.

COMMENTS ON THE JOURNAL

I have received several copies of the Journal. It is a very creditable, scientific and journalistic effort.

Very truly yours,

KELLY MILLER,

Howard University,
Washington, D. C.

Permit me to congratulate you and your associates on the excellence of the Journal you are getting out. The last issue, like the preceding ones, is interesting from beginning to end. I am sure the profession in this state will stand by such a Journal as you are now getting out, so keep up the good pace you have set. Send me a few subscription blanks and I will endeavor to get you a few more subscribers.

R. T. HAMILTON, M. D.
Dallas, Texas.

Dr. J. A. Kenney,
Tuskegee, Ala.

Herewith find enclosed \$1.00 for one year's subscription to the Journal of the National Medical Association. Glad to subscribe to such a good Journal. Your paper is good.

H. A. ROYSTER, M. D.
Raleigh, N. C.

Dr. Royster is one of the leading surgeons of the South. We are gratified to have this expression from him.—J. A. K.

January 7, 1910.

I am exceedingly well pleased with the Journal and would not be without it.

Yours faithfully,

E. P. ROBERTS.
New York City.

BOOK REVIEW

The Physician's Pocket Account Book, by J. J. Taylor, M. D., bound in full leather, 24 pages of practical instructions for physicians, 216 pages of accounts. Price \$1.00 per copy; published by The Medical Council, 4105 Walnut Street, Philadelphia, Pa.

The book contains 24 pages of business instructions for physicians, which have been found very useful and correct in a long and varied practice, under the headings of "Importance of a due bill," "Fees," "Billing and collecting," "Cautions," "Statute of limitations," "Form for wills," "Dying declarations," "Saving and investing," "Instant treatment of poisoning,"

etc. It also contains an average fee bill which has been found to work out correctly in practice.

This book has the advantage that entries can be made in a fraction of a minute, right upon the spot, thus insuring that none will be omitted on account of procrastination. The book being always in the physician's pocket, it is always up to date, never requiring any posting, and when he meets a debtor on the road who inquires about his account, he can inform him at a moment's notice and thus collect what the debtor has to pay at that time, instead of putting off an answer until some convenient season and thus missing that payment.

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

CASE—READING

The physical wear and tear of the general practice of medicine tends to inhibit great mental effort. The irregularity tends to inure one to interruptions, promote routine and discourage progress. A doctor, especially if popular and successful, is apt to stand still professionally until the crust of conservatism renders him immune to the inoculation of new ideas. He seldom grows in intellectuality much above where he was graduated. This is the source of that chauvinism, which, when coupled with ignorance, narrow mindedness, cupidity, or quackery

produces dissension, disagreements, sects, pathies, etc.—the so-called different schools of medicine.

The remedy for all this is reading and writing.

“Reading maketh a full man and writing maketh an exact man.”

But how can a busy doctor find time to read and write? The answer is found in one little word of two syllables—method.

Aimless reading is diverting and is in a measure, profitable, intellectually, but methodical reading is necessary to make experience cumulative and bring wisdom with age.

Every doctor carries a note book

or prescription pad. He also has to deal with diseases periodically, or in schools, as it were. When dealing with certain diseases, just write that disease in your note book: typhoid fever, pneumonia, etc. When you get to your office tear out that leaf and stick it on a file. When your journals come in see if they have anything on the subjects you have filed. In your leisure moments compare what you know on the filed subjects with what your text books and journals say. Take brief bed-side notes of cases that interest or trouble you, and treat these notes the same way.

One will thus in a few years become thoroughly cognizant of the different diseases that occur in his locality, the best method of treating them, etc., and at the same time cultivate a wider and wider acquaintance with medical literature.

N. M. A. PRESIDENCY

In a recent letter to the editor of the *Churchman*, Senator Root expresses this idea: "I am coming to think that capacity for united effort to obtain a common object of primary importance, as distinguished from strife about formal or comparatively unimportant differences, depends upon the stage of development in civilization which the people or members of any great organization have reached. Every great nation seems to pass at some period through a storm belt of incapacity to unite. The races that are capable of development beyond that point rule the

world; the races that are not capable of it go down."

This applies with peculiar cogency to the National Medical Association just now. Can't we elect a president without engendering ill-feeling and causing undignified strife? Professional standing in the most comprehensive sense, and availability are the factors that should determine a choice—a choice that should be made without strife and accepted without bitterness.

CRIME

Final effects and first causes are beyond the cognition of science. And ontology and eschatology are but the vaporings of meta-physicians and theologians. Paleontology is a nightmare and biogenesis a delusion. The wise man should confine himself to the practicalities of life. "What shall we eat and what shall we drink and where with all shall we be clothed," are the real questions of existence. All of this and more say the wise ones, but how can a thoughtful mind view a cradle and exclude ontogeny, or contemplate a coffin and eschew eschatology? It is hard to deny thoughts of immortality entrance to a house of mourning.

So with the thoughtful physician. Daily dealing with disease—contemplating the organs of the body—their functions, relations, aberrations, etc., he must occasionally come upon the question, "What does it all mean, anyhow?" What is life? What is duty? What is right? What is wrong? What is liberty and what is crime? Why do we extol the one

and condemn the other? Yes, why? Why?

Crime is a medical as well as a legal problem. The doctor as well as the lawyer should seek the cause of the United States of America being, according to statistics, the most homicidal nation in the world.

Was Descartes right when he said, "If it is possible to perfect mankind, the means of doing so will be found in the medical profession?"

ALCOHOL

Man cannot permanently distort

the equilibrium of Nature. The exhilaration of stimulation is always followed by reactionary depression; and the apparent palingenesis of energy caused by alcohol is eventually succeeded by a real hebetude of the understanding. The attempt to substitute stimulation for proper rest and recreation is one of the follies of American life. May this not explain the comparatively high death-rate among people of middle age in the United States?

There is here a scientific basis for some profitable temperance talk.

SKETCHES FROM LIFE

In a prosperous city of the southwest, some years ago there lived and prospered an urbane and active physician—one of those superficial but shrewd fellows who thrive by social wit rather than medical wisdom—the idol of his patrons and the contempt of everybody else—his name well known at the prescription counter of the drug stores and equally well known in the death list of the city health officer. Nobody would him have but his patrons and they would have no one else.

One day as the doctor was passing triumphantly through a neighborhood of his admirers, a doting mother and her four-year-old son had the following dialogue:

Mother (admiringly): "Son, who is that?"

Son (in conscious wisdom): "It's Dr. J—"

Mother (proudly): "What's the doctor got in his satchel?"

Son, "Sickness for the folks what comes to see him."

YOU CAN'T ALWAYS TELL THE MOTIVES

"In those agonizing cruel slavery days" there lived in Virginia a planter who was the terror of his slaves. This arose more from uncertainty than from cruelty on the master's part. He was always surprising them. When they thought him in town, he'd turn up on the plantation, and vice versa.

Finally the old master died. The slaves were neither sincere nor active mourners, and many were the private talks with bated breath held among themselves.

At the interment just before the coffin was lowered, an old slave elbowed his way through the crowd and begged to be permitted to "see ole Massa's face once mo." Surprised but pleased at this evidence of love and loyalty, the relatives and mourners readily granted the old man's re-

quest. The coffin was opened and the slave gazed long, earnestly and sadly into the face of the dead master, and without a word solemnly retired.

The funeral rites proceeded. The old man kept a respectful distance but never varied his attitude of strict attention until the grave was covered and the mourners dispersed. After a last, long look, the old servant walked slowly away.

He was met by a fellow-slave who had been watching the whole proceeding with a feeling compounded of disgust and surprise.

"Bill," said he, "What you mean? You know you never loved old Marse any mo'en I did."

"Sam," confided the mourner, who had so often been surprised by the slipperiness of the deceased, "I didn't believe he was in dah: but he wus, and he never got out needer, cause I watched him. He sho won't never ketch us no mo."

An old black man stood calmly gazing at an excited crowd of depositors struggling about the closed doors of a popular bank that had failed to open for business. A newspaper man noting the old man's unruffled demeanor said, "Uncle, did you have any money in this bank?" "No sah, no sah!" responded the imperturbable old man, "I never puts my money in de bank. I drams mine every monin, sah."

If carefully analyzed, the following doggerel may furnish a lucid explanation of many otherwise incomprehensible acts of our neighbors:

An animal in a grassy field
Ate thistles instead of grass.
His reasons were constitutional:
For he was but—a donkey.

Many centuries ago during the reign of the tribal kings in the land now called Scotland, one of these petty sovereigns by superior marshall prowess, either conquered or overawed all his neighbors. Rejoicing in his supremacy he called in his chief man and thus addressed him:

"Sandy, is there a king I cannot conquer ye know?"

Now Sandy had seen the Christian missionaries and answered: "Your Majesty cannot conquer the King O' Heaven." Not understanding the allusion the king was perplexed into silence, but only for a few moments. "Sandy" said he, "gang your way straight to the King O' Heaven and tell him if he does not surrender his domains I'll come mesel' and whale him oot o' them." Sandy started to explain but the king was on his dignity and would hear nothing. "Begone," commanded he, and coom not in my presence until ye have done yere bidding." Not knowing what to do, the embarrassed minister retired to his place. After some days he started for a walk, and to his immense delight met one of the missionary monks to whom he told his troubles. "Why that is easy," explained the priest: "Go back and tell your Majesty he may have the Kingdom of Heaven for the asking." With beaming face Sandy sought the presence of the king, when the following dialogue took place:

"Hast thou seen the King O' Heaven?"

"No, your Majesty, but I saw one of his accredited ministers."

"What said he?"

"Your Majesty may have the Kingdom O' Heaven for the asking."

"Was he civil?"

"Very civil indeed."

"Sandy," said the King impressively, "gang yere way straight back and tell the King O' Heaven that for his civility, de'il a Scotsman shall e'er set foot in his kingdom."

Gale, aged three years, was the precocious son of educated parents who sought to bring him up in the way he should go. The child's frequent question, "What are you doing, ma?" etc., often brought the answer, "Minding my own business," in firm but kindly tones.

Gale's father and the family doctor went away together prospecting in some new territory, and Gale and his mother went to stay with the doctor's wife in the interim. To the many inquiries as to the doctor's whereabouts, his wife invariably gave the same truthful but indefinite and unsatisfying answer, "The doctor is out of town on business." Gale's mother gradually became the center of attack by those curious persons who needs must know other people's business to be happy. By adroit and persistent questioning one day during a social call, a company of these quidnuncs forced Gale's mother into the unpleasant alternative of telling the doctor's whereabouts and business or telling a falsehood by saying she did not know. An embarrassing

pause ensued when Gale, who had been playing with his toys unnoticed on the floor, came unexpectedly to the rescue. Unheralded, unasked, he got up, looked the visitors in the face and said in clear, distinct and measured tones after the manner of his mother, "The doctor went away last week to mind his own business," nonchalantly resuming his play amid uproarious laughter which ended the conversation.

A young lady's lover wrote in her autograph album, "What is so rare as a day in June?"

Under which her mischievous little brother wrote, "A Chinaman with whiskers."

SOCIAL EQUALITY

An old colored man was driving a mule along the streets of a Southern city when suddenly the mule balked and the usual crowd gathered.

"What is the matter with your mule?" asked a noted Anti-Negro-Domination editor who was in the crowd.

"I dunno, I dunno," responded the old man, "lessen he been heahin sum un readin de papus."

"Reading the papers?" queried the puzzled newspaper man.

"Yas sah, yas sah," answered the old fellow. "He's heerd sum un readin de papus, and now he's objectin to nigger domination."

"Uncle, can you tell me where John Smith lives?" a doctor seeking to answer a professional call, asked an old colored man.

"Yas sah! he live right down dah," said the old man pointing to a group of houses down the street.

"What is his number?" asked the doctor.

I don't know, sah, but I'm sho you'll see it on the house when you gits dah," politely answered the old man.

THE SIGN

In the general waiting room of the Grand Trunk depot of Hamil-

ton, Ont., an American drummer lighted a cigar. The station policeman, a stately Irishman of about fifty years, tapped him lightly on the shoulder and said in a low tone, "No smoking." The drummer looked up and slowly scanning the room said, "There is no sign here," and continued his smoke. "I am the sign, sor," said the policeman, taking a firm hold of the smoker and pointed to the door, through which the drummer hastily retreated, followed by shouts of derisive laughter from the spectators.

COMMENTS ON THE JOURNAL

Dear Dr. Kenney:

You will find enclosed check for four subscriptions to the Journal of the National Medical Association.

Wishing you a Happy New Year and the Journal the full support of the entire profession, I remain,

Very truly,

S. H. GEORGE, M. D.

Paducah, Ky.

Enclosed you will find check for two subscriptions to the Journal of the National Medical Association. I extend to you the season's greetings, and hope for the Association and the Journal a prosperous New Year.

Yours very truly,

EDWARD A. CARTER, M. D.

Buxton, Iowa.

Just received the Journal, and I find it a very, very creditable magazine. The Journal as a whole, I feel, reflects credit on the promoters, and I feel that you should keep the history of its origin as it will be of great

value in the future. It is invaluable as a means of preserving and giving public expression to the real work of the National Medical Association and the very worthy men and women who are devoting themselves to this work.

Very truly yours,

H. F. GAMBLE, M. D.

Charleston, W. Va.

Journal, Medical Association:

Enclosed find \$1.00 for subscription to your Journal for 1910, continuation of present year. I have placed your Journal on our exchange list, and herewith send copy of November issue.

Your October-December issue is quite good and I congratulate you thereon. I wish you success and am glad to know that you are on second-class post rates.

Yours truly,

D. S. LAMB, A. M., M. D.

Washington, D. C.

ITEMS OF INTEREST—NEWSY AND OTHERWISE

In looking for a hemostatic, do not forget atropine. Hypodermatically, it will relieve stubborn epistaxis.

Dr. A. L. Magill of Trenton, N. J., has been appointed Medical Inspector of Lincoln School of that city.

"After all the Keystone of the Practice of Medicine is Service and the Touchstone of Successful Service is Results."

Even scotoscopy or scotomancy should not be beneath the notice of the physician who would become an expert diagnostician.

The Editors of the Journal will be very much obliged to readers, for reports of cases of interest, experience with medicines, etc.

We wish to call the attention of our subscribers to the fact that the price for the Journal is now \$1.00 per year instead of \$.50.

A letter from Dr. J. Q. McDougall, Philadelphia, Pa., in which he says: "We are all well and are all going to meet you in Washington next August."

The Business Manager wishes to acknowledge the valuable service of Dr. Mary E. Britton of Lexington, Ky., who at his request secured several subscriptions for us.

Pellagra and Uncinariasis afford the medical profession a splendid opportunity to teach the laity how to base action on observed facts rather than upon conjured-up fancies.

The iconoclasts are still busy. It now seems that caffeine is not a heart tonic. The combination of caffeine and acetanilide is more depressing to the heart than acetanilide alone and should be given in smaller doses.

To our subscribers who are in arrears, we wish to say that the postal regulations do not permit us to carry delinquent subscribers. Hence, we are asking you to pay up promptly or we shall be forced to discontinue your Journal.

We acknowledge receipt of the following list of officers from the Indiana State Medical Society:

President, Dr. A. C. Cabel, Terre Haute; Vice-president, Dr. H. L. Hummonds, Indianapolis; Secretary, Dr. A. H. Wilson, Indianapolis; Treasurer, Dr. Charles Chavis, Indianapolis.

Executive Board:—Dr. C. A. Martin, Muncie; Dr. Ward Wilson, Indianapolis; Dr. Howard Huffman, Indianapolis; State Vice-president, Dr. J. J. Ward, Indianapolis.

More attention to anaesthesias will lessen the death-rate in our hos-

pitals. This applies especially to our smaller hospitals which are increasing in number so rapidly to the immense advantage to the profession and to the laity.

Dr. R. S. Miller of Covington, Ga., left December 28, 1909 to enter McGill University preliminary to later studies in London to qualify himself for practice in the British possessions.

The discussion of criminal statistics by that sturdy and scholarly race champion, Prof. Kelly Miller in September Southern Workman should have the widest possible circulation. Read it.

Dr. Lucie Bragg of Cantey, S. C., after having spent some time in The Johns Hopkins Hospital where she had to undergo an operation, which was very successful, is again at her field of practice, and sends in her subscription to the Journal for another year.

We are in receipt of the "Third Annual Report of the Cottage Home Infirmary and Announcement of the Cottage Home Infirmary Nurse-Training School, 1909, Decatur, Ala." It is well worth perusal. Send to Dr. Willis E. Sterrs, Decatur, Ala.

In the case of the United State vs. S. J. Van Lil of Baltimore, Tomato Catsup Manufacturers, it seems proved that preservatives, especially Soda Benzoate, are used to hide a

multitude of sins in the preparation of food stuff. Let the eater beware of doctored food.

The Alabama State Board of Medical Examiners will not examine an applicant without he presents a diploma from a reputable college, and any college rated as low as 50 per cent. by the Educational Committee of the American Medical Association, will not be considered a reputable College.

Yellow Fever.—There has been no yellow fever in the United States during 1909, and a marked absence of it during the quarantine season of this year in Cuban, Mexican, West Indian, Central and South American ports, which is attributed to the greater attention being paid to sanitation.—Journal of the A. M. A.

In view of the present interest in Hook Worm disease and Pellagra, physicians are earnestly requested to send into the Journal notes of their experiences, etc., concerning these diseases. Those who have had cases under their personal care are especially urged to send in notes, write-ups, etc., concerning the same.

The Journal gratefully acknowledges the receipt of "The Application of Comparative Dental Anatomy to Dentistry," and "Some Points of Contact of the Medical and Dental Professions," both by Chas. E. Bently, D. D. S., Chicago. Reprinted from The Dental Review and The Illinois Medical Journal respectively.

A correspondent of the London Lancet maintains that men who do not wear mustaches are less susceptible to colds than those who do. Their immunity, he claims, is brought about by the act of shaving and hence does not apply to women who usually have fine soft hair on the upper lip. He cites many case in illustration.

We wish to acknowledge receipt of the Program of the Meeting of the Indiana Association of Physicians, Dentists and Pharmacists held in Indianapolis, September 7 and 8, 1909; also notice of the Meeting of the Louisiana Medical, Dental and Pharmaceutical Association to be held in New Orleans, February 9, 10, and 11, 1910.

There is a German proverb that, "He who sleeps late but runs swiftly may yet arrive on time." We are rather slow to see the advantages of professional solidarity and co-operation. If we build up, read and support a first-class Medical Journal, we will insure the perpetuity of the N. M. A., the shortest and swiftest road to the desired goal.

We are advised that at the Boston meeting, one of our essayists prepared his paper after the meeting was called to order. We cannot vouch for the truth of this statement. However, it seems a serious criticism to be made against any member who is honored with a position on our program. We call attention to this hoping that it was not true, but at the same time we trust that

no member who is honored again will be guilty of coming before the Association with a paper prepared extemporaneously in this manner.

A communication from Dr. George E. Cannon, Chairman of Executive Board, advising us that steps will be taken to name commissions to study Tuberculosis, Hook Worm disease and Pellagra, to make reports on their findings at the next meeting of the Association in Washington; also a happy suggestion on the part of the Chairman, if possible, to have cases of the last two, Hook Worm and Pellagra, present at the next meeting. We feel that this is a very satisfactory step in advance, and trust that it will meet with the success it deserves.

Mr. W. G. Osborne, an enterprising student of Leonard Medical School, Shaw University, Raleigh, N. C., has succeeded in securing twenty-one cash subscribers for the Journal of the National Medical Association, among the students of Shaw. We wish to extend through the columns of the Journal, our compliments to Mr. Osborne as well as to the students who have such advanced ideas as to be able to see the advantage of at once putting themselves in touch with the leading thought of the race in the profession of Medicine, Surgery, Dentistry and Pharmacy.

We call the attention of the State Vice-presidents and other members to the fact that Dr. W. G. Alexander, 14 Webster Place, Orange,

New Jersey, has been made an Associate Editor of the Journal of the National Medical Association; has charge of collecting personals for publication; such as interesting items, marriages, deaths, removals, etc., new additions to the profession, hospital news, and such other items as may be of interest to the profession at large. We wish to urge our subscribers and members and others to assist Dr. Alexander in this work by sending in such items as mentioned above, and anything else that will be of special interest to the profession.

AN ENCOURAGING CREED

I do the very best I know how—the very best I can; and I mean to keep doing so until the end. If the end brings me out all right, what is said against me won't amount to anything. If the end brings me out wrong, ten angels swearing I was right would make no difference.

—ABRAHAM LINCOLN.

An interesting bit of medical history gleaned from the Medical Brief:

STORY OF GELSEMIUM

The value of Gelsemium was an accidental discovery. About 60 years ago in the South, a Negro was sent to gather a certain herb which had the reputation of being valuable in cases of bilious fever. By mistake he gathered Gelsemium and administered a decoction of it to his master, who had resisted all ordinary treatment. The result was great prostration. There was loss of muscular power; he was unable to move a limb and could not raise his

eyelids, and it was thought that he would expire. But after a few hours he revived and had no return of the fever. Some enterprising doctor, knowing of the case, prepared a medicine from Gelsemium and disguised it with Wintergreen, and by this method kept it from the profession for some years. It afterward became known to the profession and is very widely used.

NEW SIGN IN MENINGITIS IN CHILDREN

Brudzinski's previous announcement of the value of the contralateral reflex as a sign of meningitis has been confirmed by his later experience in 17 cases of tuberculous meningitis and six of the epidemic variety. He now announces a sign which is even more constant in meningitis than the Kernig and Babinski signs, having been encountered in all but one of 48 cases of meningitis of various etiology, and this exception was in a moribund child. He discovered the sign accidentally, in testing for rigidity of the back of the neck; as he tried to bend the neck he noticed flexure movements in the ankle, knee and hip joints. In one child with pneumonia the positive findings with this neck sign cast doubt on its specific nature until further signs of meningitis developed and lumbar puncture gave issue to a purulent fluid containing pneumococci. Increased pressure on the brain is not enough alone to induce this sign as it is absent in hydrocephalus and other abnormal brain conditions.—Journal A. M. A.

The following Associated Press Dispatch ought to furnish food for some hard thinking by the medical profession:

SCORES OF DOCTORS DUPED

 "Knights of Modern Chivalry" Promoters Alleged to Be the Dupers.

Albany, N. Y., Dec. 22.—That scores of physicians in various parts of the country have contributed \$20 each for a benefit certificate in the "Knights of Modern Chivalry," with an additional \$5 as a fee for the title of "City Court Esculapius," or in plain terms, medical examiner, developed today when an order was secured in the Supreme Court placing Superintendent Hotchkiss, of the State Insurance Department, in charge of the affairs of the organization. According to the Insurance Department \$6,665 has been paid into the order, almost wholly by physicians and no insurance benefits have been paid to members. The society has but \$209.31 in its treasury.

"The check stubs indicate," said Superintendent Hotchkiss, "that in spite of the fact that the organizations call for the payment per month of \$150 to a supreme record keeper, \$100 to a supreme banker and \$100 to a supreme organizer, more than half of the money disbursed apparently has been paid to N. Napoleon Hicks, who is the 'Chief Justice' of the society."

The society has 268 members with \$536,000 insurance in force.

 The following from the Nashville

Clarion of November 20, 1909, is of interest:

A NEW ERA IN MEDICAL EDUCATION IN THE SOUTH

 A Very Successful Surgical Clinic Under the Auspices of Members of the Faculty of Meharry Medical College

During one week, beginning Monday, November 8, 1909, there was held in this city a surgical clinic for the benefit of the Senior Class of Meharry Medical College and visiting physicians. There were present a score of visiting physicians from different sections of the South—Marietta, Ga., Chattanooga, Tenn., Owensboro, Ky., Jackson, Miss., Jackson, Tenn., and Memphis, Tenn., being some of the places represented. Patients were also present from Georgia, Tennessee, and Kentucky.

The cases operated upon formed a most varied series. Some of the operations were Appendectomies, Orchidectomies, Hysterectomies, Cholecystotomy, Adenoidectomy, etc., etc., more than a score. Mercy Hospital and Wilson's Infirmary are full of convalescing patients.

The following were responsible for this latest exhibition of the Negro's ability to meet the requirements of the twentieth century civilization:

Geo. W. Hubbard, Dean; J. T. Wilson, Clinical Instructor; C. V. Roman, Professor of Diseases of Eye, Ear, Nose and Throat; J. H. Hale, Professor of Histology; G. H. Bandy, Professor of Clinical Pediatrics; A. M. Townsend, Professor of

Pathology; C. O. Hadley, Associate Demonstrator of Anatomy; W. A. Reed, Qualitative Analysis; Josie F. Wells, Superintendent of Mercy Hospital; G. W. Bugg, M. D.; S. A. Caruthers, Professor of Dermatology; L. R. Johnson, M. D.; J. H. Holman, Professor of Bacteriology; J. A. Lester, Professor of Physiology. W. R. Baker, Professor of Hygiene.

It is gratifying to note that this work was conceived and executed by colored physicians. It marks an era in racial progress.

ABSTRACTS FROM THE PRESIDENTIAL ADDRESS

By Edward A. Balloch, A. M., M. D.,
President of Medical Society, Wash-
ington, D. C.

"Nothing so smothers one's intellectual aspirations as lack of contact with mental peers."

"The physician who is not content with alleviating such cases of illness as may come under his care, but is also watchful and intent to prevent the occurrence and spread of preventable disease, is a boon to any community, and he is not fulfilling his highest function unless he has these matters very much at heart."

"Show me a community having a live and active medical society and I will show you one in which the medical profession respects itself and is respected accordingly."

"In the second place, I regard a good medical society as a great factor in keeping alive the intellectual faculties of the physician, and he who neglects this means of continuing his medical training does so at

the risk of degenerating into the mere medical tradesman."

"As a means of post-graduate training, nothing exceeds a good medical society, and a medical man can make no greater mistake than to neglect such an advantage. The man who can attend a meeting of any kind of a medical society and go away without some addition to his stock of knowledge must be dense indeed, unless, perchance, he is one of those individuals so unfortunate as to consider his own particular way of thinking to be the last note in medical wisdom."

"It is then, the function of the medical society to bring home to each of us the knowledge of what all are doing to advance our art, and any one that neglects this means of widening his professional horizon does so at the risk of becoming narrower and narrower as the years go on, until he is becoming in danger of being a medical mechanic rather than an educated physician."

HYGIENE OF THE EYE IN SCHOOL CHILDREN

W. M. Carhart (American Journal of Obstetrics July, 1908), draws the following conclusions:

1. The increase of late years in the number of children wearing glasses is not due to an increase in the number of weak or diseased eyes so much as it is due to the greater strain upon the function of vision necessitated by our more extended use of the eyes for close work in the complex civilization of the present day.

2. The normal child is born hypermetropic and without astigmatism. The myopic child is either defective from birth or has acquired myopia from the stress of eye-strain, usually through the "turnstile of astigmatism." Astigmatism is not congenital, but is practically always acquired in the normal child during the early years of life by excessive strain upon the muscles of accommodation.

3. Kindergarten and primary work should be arranged so as to avoid the strain upon the muscles of accommodation of the eye in the plastic years of childhood. Hence sewing and all weaving exercises should be limited in amount, if not absolutely eliminated.

4. Systematic study should be only begun when the delicate and soft tissues of the child's eyes have attained sufficient formation to resist distortion on moderate use of the accommodation. This means, in my estimation, that prolonged, close work should not be allowed until the age of ten or over. A child beginning systematic study at that age will, with suitable care, be able at sixteen or eighteen to acquire all the knowledge possible to its more precocious companion, and will have the inestimable advantages of normal eyes and healthy physique.

5. No young child should be encouraged to compete with its companions for prizes. Mental and ocular over-strain are the inevitable results of such educational monstrosities. In the primary schools,

especially, there should be no grading of the children.

6. A child incapable of the prolonged use of the eyes at the proper age should not be classed as culpably lazy. In the majority of cases there will be found uncorrected refractive error.

"O wad some power the giftie
Gie us:"—

TWELVE MILLION NEGROES

Do not sufficiently support doctors now,
says Washington Post

Four thousand more Negro doctors are needed to preach the gospel of health to their race, stated Booker T. Washington, in an optimistic talk to the medical students of Howard University. This would more than double the number of Negro doctors now practicing, but the speaker held that his race had a right to be ministered to by doctors of their own color; that the present preponderance of white doctors was neither fair nor just.

Now, nobody disputes the right of a Negro to practice medicine; nobody disputes the right of Negroes to employ his services. However, there is room for doubt that 4,000 more Negro doctors would find the demand and reward for their labors considerable enough to pay expenses to keep themselves alive. An indefinable something resides in the breed that disinclines the Negro to give countenance and patronage to members of his own race who open a store or an office. Whether this peculiar form of the boycott is a survival of the full dependence of

the Negro upon the dominant race in slavery days or to some more deeply seated cause, is for the 'ologists to tell us, our province going no further than to point to the effect—to the fact that Negroes who would better their position too often have the bitter experience of seeing their fellows, and particularly the better element, pass them by and enter the stores and offices of the whites.

Though they are twelve millions or more, never have they been able to detach themselves from the whites in sufficient numbers and length of time to establish a sizable colony or populate a city. This holds good, too, for ambitious business enterprises they have embarked in, all sorry failures, owing to lack of cohesiveness and co-operation, which Dr. Washington and others who are devoting their lives to the "uplift" must preach down and out before they can reasonably anticipate the happiest results from sending four thousand doctors into a field that now yields poor returns to those already there.—The Washington Post.

The Alabama Medical, Dental

and Pharmaceutical Association convenes in Birmingham, March, 23, 24, 25, 1910. This is expected to be the largest and most profitable meeting that the Association has ever held.

Dr. C. V. Roman, of Nashville, Tenn., Editor-in-Chief, spent three days at Tuskegee Institute, January 18, 19, 20, attending the Conference and conferring with Dr. J. A. Kenney, Associate Editor and Business Manager concerning the Journal; also conducted a clinic for special diseases of the eye, ear, nose and throat.

"The National Baptist Review has received a copy of the Journal of the National Medical Association. We do not hesitate to say that it easily takes rank among the best periodicals published. The matter together with its editorials would be food for thought for the most learned and well-read scholar. We hope the periodical will live long and will be found on the shelves of every man in the profession."

Yours truly,

R. H. BOYD,

Sec. N. B. P. B.

OPEN LETTER TO PHYSICIANS, PHARMACISTS, DENTISTS

Tuskegee Inst., Ala.,
Feb. 15, 1910.

DEAR DOCTOR:

The National Medical Association was organized in the City of Atlanta in 1895 by and for physicians, dentists and pharmacists of African ex-

traction in the United States of America. It continued a more or less checkered career until 1903 when a successful meeting was held in the city of Nashville, Tenn., and since that time the Association has grown by leaps and bounds until it now has

a membership approximating 500 with representatives in the majority of the States of the Union and even in far away South Africa.

The Association has for its object the "banding together for mutual co-operation and helpfulness the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of medicine, surgery, pharmacy and dentistry," and to promote their literary and scientific development.

Annual meetings are held in different states and different sections of the country, and by this means effort is made to bring all of the members of the professions represented in touch with the work of the organization.

One of the most successful meetings in the history of the Association was held in Boston last August. The papers, the discussions which followed and the operations performed by members of the Association would prove a credit to any organization and race.

The Association is under control of a general governing body composed of an Executive Board and officers from all of the professions represented, but each one of the professions represented has its own organization and officers and holds sectional meetings during the annual Convention. This has seemed an admirable provision, for it gives the central organization the advantage of the entire strength and support of the different professions in a union for the general good of all and at the same time each profession is able to con-

trol its own affairs and to discuss and study the problems that pertain to its individual interests.

The New York Age says, "The National Medical Association is an Organization of which the entire race is justified in feeling proud. Next to the National Negro Business League this Organization, neither fraternal nor religious, stands foremost in the constructive uplift of the race."

We quote the above to show what others think about us. We are proud of the Organization and invite all legalized physicians, dentists and pharmacists who are doing an honorable practice to ally themselves with us. Those who desire to do so may get instructions from their State Vice-presidents or from the General Secretary. The membership fee is \$2.00 per year.

The Association is now engaged in the publication of the Journal of the National Medical Association which is the official organ of the Association and the medium of expression of its membership. The Medical Brief, St. Louis, Mo., says, "We have on our table the third number of Vol. I of the Journal of the National Medical Association * * * The Journal contains interesting material and should prove a successful publication. From a physical standpoint the publication is extremely pleasing to the eye." The New York Age says, "It contains much creditable matter. It is dignified in appearance as well as conservative, the papers and articles are of a high order of merit." The Douglass

Messenger says, "It is easily among the front rank."

We invite you to subscribe for our Journal, the price of which is fifty cents per year to members of the Association and \$1.00 per year to all others.

Send in your subscription now. It is published quarterly.

We shall be glad to furnish sample copies on request to the Business Manager at Tuskegee Inst., Ala.

Very truly yours,
The National Medical Association,
JOHN A. KENNEY, M. D., Secretary.

THERAPEUTIC NOTES

The wet compress is a very important Therapeutic application and is not sufficiently used in practice. If properly done it is a means of bringing frequent relief in a great many disorders. The following instructions from the pharmacopoeia Central London Throat and Ear Hospital, if followed, will bring good results:

Take a piece of linen $6\frac{1}{2} \times 4\frac{1}{2}$ inches, or of lint half the size.

In the case of linen fold into four, or with lint fold twice.

Saturate the same with cold water and place it over the front of the throat in the situation of the Adam's apple.

Cover with a piece of oiled silk, waxed paper, or other water-proof material, which must be at least half of an inch larger than the lint in every direction.

Secure by means of a handkerchief tied twice around the neck.

A compress applied at night should not be changed until the morning, when the neck should be well sluiced with cold water and rubbed with a towel.

In acute catarrhal conditions of the respiratory tract the vegetable sedatives—Aconite, Bryonia, Veratrum Viride, Gelsemium—are more

effective and less dangerous than the coal-tar derivatives.

SURGICAL SUGGESTIONS

American Journal of Surgery, June, 1909

In surgical shock strychnine and alcohol aggravate the condition.

Syphilis simulates nearly every other surgical disease, and the most virtuous are subject to its ravages.

The presence of diabetes should not deter the surgeon from giving a patient with that malady the benefit of relief from a surgical disease.

In operating for intestinal obstruction in the colon the first thought should be to save the life of the patient. This can often best be done by making an artificial anus. Too many patients are sacrificed to the surgeon's zeal to do a complete and mechanically perfect operation at once.

Gangrene of the extremities may be due to senile changes; local infection; mechanical injury to blood vessels; tumors; diabetes; constitutional infective febrile disease; poisoning with ergot, lead, phenol, arsenic or tobacco; syphilis; trophic cord lesion; Bright's disease; leprosy; embolism; frost; ainhum; or Raynaud's disease.

OF INTEREST TO DENTISTS

AN OPEN LETTER TO THE DENTIST

It is a pleasant thought to know that through the energy and thrift of some of our own professional men, there has been called into existence a magazine all our own, published and managed by ourselves, conceived and dedicated to the interests of our own professional men.

This is a new enterprise, and to have it live and succeed there must come to its aid the earnest co-operation and support of the whole profession, whose edification and advancement it was designed to conserve. If for no other reason than for pride alone, in order to maintain its successful existence, every physician, dentist and pharmacist should at once enter his name for its subscription, and find time to send it occasionally an article for publication dealing with some phase of his work, with the purpose of enlightening his profession and encouraging those who, in their work, have assumed the leadership and responsibility of this grand undertaking.

While the articles of this magazine may not, in point of erudition and scientific research, measure up to the standard acquired by other publications of this character now before the profession, this fact should not disconcert nor discourage us in our aims. It should serve to encourage us all the more and imbue us with a determined zeal to make ours the best we can.

If in the preparation of our articles we are careful of what we say, give time and patience to our subject, we, in time, should succeed in evolving a still better magazine, or at least in maintaining the creditable standards that have marked its beginning.

The dental profession, in view of its recent advancement, being, comparatively, a new one, not only holds within its scope, many possibilities for improvement, but embraces many features of a varied and vital character that admit of discussion and a better understanding. To this end of common betterment, there is not a dentist whose experience and methods, as they pertain to the management of certain oral and dental infirmities, or some recent mechanical departures in his profession, would not lend a great good and prove a source of enlightenment to others of the profession, if intelligently given to publication.

Pulpitis in its various forms, Blind, Chronic, Periosteal, and Maxillary Abscesses, the treatment and filling of root canals, the selection and choice of drugs, and their application, gold and porcelain inlays, their indication and cementation—are all subjects of the greatest value and importance to the dental surgeon, who, dealing with these, day by day, must have patience, skill and understanding to apply them successfully.

The knowledge of the dentist, as it relates to these subjects, cannot be too great or too varied, because during the management of these dis-

orders, unexpected resistances and changes from various sources, will sometimes arise that will baffle and sometimes defeat even the most skillful operator in his efforts to attain a happy end.

The writer, challenging a discussion, but nevertheless trusting that the profession will not be too severe in its criticisms, hopes at some near time, to have appear in these pages, a series of articles on all of the subjects above mentioned.

Asa D. C. Barnes, D. D. S.,
3531 State Street,
Chicago, Ill.

August 21, 1909.

Dr. Thos. Watkins, Class of 1909, Howard University, Dental Department, located in Greensboro, N. C., October 11, 1909.

NOTICE

Dentists desiring to do clinical work at the National Medical Association meeting, August, 1910, will communicate with Dr. C. C. Fry, 1110 18th St., N. W., Washington, D. C.

Visitors and delegates to the 12th annual meeting of the N. M. A. at Washington, D. C., Aug. 23, 24, 25, 1910, desiring accommodations arranged in advance are requested to communicate with Dr. Chas. H. Marshall, 2710 P St., N. W., Chairman of the Committee on Comfort.

BLAMED ON HIM

He as a kindly old gentleman, and seeing a little boy in a street in

Edinburgh crying bitterly, he went up and asked him what was the matter.

"Oh" replied the boy, whimpering, "there's bin twins come to our house an' feyther's awfu' angry, an' I dare na gae hame, as the blame of everythin' is always put on me."

CO-OPERATOR.

At the annual meeting of the Medico-Chirurgical Society of Washington, D. C., held in December, 1909, the following officers were elected: President, Charles H. Marshall, M. D.; First Vice-president, Charles A. Tignor, M. D.; Second Vice-president, E. H. Allen, M. D.; Recording Secretary, James C. Dowling, M. D.; Corresponding Secretary, Herbert C. Scurlock, M. D.; Treasurer, J. H. Johnson, M. D.

The Robert T. Freeman Dental Society of the District of Columbia held its ninth annual meeting and election of officers, Saturday, November 27, 1909 at the residence of Dr. A. E. Gaskins.

The following officers were elected: C. S. Wormley, D. D. S., President; C. A. Gray, D. D. S., Vice-president; G. H. Butcher, D. D. S., Recording Secretary; S. Fraser, D. D. S., Corresponding Secretary; A. E. Gaskins, D. D. S., Treasurer; W. E. Hamilton, D. D. S., Librarian.

After the meeting, the members adjourned to Martin's Cafe for the Annual Banquet. Dr. C. A. Gray

acted as toastmaster and Dr. Slow of Philadelphia was the guest of the society. The following menu was served: Oyster cocktail, roast turkey, cranberry sauce, sweet potatoes, mashed potatoes, lettuce salad, olives, pickles, peppers, wines, liquors and cigars, coffee, ice cream.

The Robert T. Freeman Dental Society is the only exclusive (colored) dental society in the United States. It has seventeen active members, and its membership is increasing each year, having admitted five in 1909.

This society is co-operating with the other local dental societies in an effort to secure dental examination of children's teeth in the public schools.

PLANS TO ENTERTAIN DELEGATES TO COLORED PHYSICIANS' CON- VENTION

Special

"At a meeting of colored citizens in Lincoln Memorial Church, December 11, 1909, a committee was formed to aid the colored physicians of Washington to entertain the convention of physicians that will meet in Washington next August. Physicians, pharmacists and dentists of the colored race from all parts of the country will be present.

"Officers of the Citizens' Committee were elected last night as follows: Robert H. Terrell, Chairman; Kelly Miller, Vice-chairman; Charles F. M. Browne, Recording Secretary; Shelby J. Davidson, Financial Secretary and Daniel Murray, Treasurer."

On December 1, 1909, the doctors' wives organized as an auxiliary committee to the local committee to assist in the entertainment of the delegates and friends attending the Twelfth Annual Convention of the National Medical Association, August 23, 24 and 25, 1910. Mrs. J. W. Mitchell, Chairman; Mrs. George W. Cabaniss, Secretary; Mrs. William S. Lofton, Treasurer.

MANAGEMENT OF PUTRESCENT PULP

Paper by E. J. Wright, D. D. S., Boston, Mass., Before Dental Section National Medical Association, Boston, August 25, 1909

One of the most frequently met conditions in dental practice is the putrescent pulp.

I am not introducing to you anything new, in the management of this pathological condition, but only trying to arouse interest in the treatment of this often met trouble, along lines laid down by certain able practitioners, and also to add a few personal observations, which might help in the management of the subject under consideration.

In order to understand what takes place when a pulp dies, allow me to refresh your memory on the histology and chemical composition of that organ:

Histology and Composition—The pulp, as you know, consists of a gelatinous matrix, containing branched connective tissue cells, traversed by blood vessels and nerves of the non-medullated type, and over this entire

surface is a layer of odontoblast cells. The composition is like that of other tissues of the body, with this difference, that the proportion of the element in the composition varies somewhat. There are about sixteen or seventeen of the seventy-six elements known to chemists which enter into the formation of animal matter, but the most important of these with which we have to deal in studying the decomposition of the pulp are, Carbon, Hydrogen, Oxygen, Nitrogen, Sulphur and Iron.

The compounds formed from these elements are divided into two classes; viz., nitrogenous and non-nitrogenous substances.

The nitrogenous, as we are told by chemists, form the solid constituents of the body, and are known as the proteid and albuminous groups. I shall not go into a discussion of the characteristics of these elements as that is not the purpose of my paper, but chemists have been baffled in trying to find a formula which shows exactly the arrangement of these elements in the formation of the proteid group.

To the nitrogenous group belong fats, and Carbohydrates but these are not so complex in the arrangement of their atoms in the molecule. The molecule contains only C, H, O, (Carbon, Hydrogen, Oxygen), and these vary considerably in proportion, and readily undergo fermentation.

I have shown therefore that the pulp tissue is made up of proteids, carbohydrates, and fats. When there is decomposition of that organ,

these substances undergo changes which result in the formation of certain intermediate and end products, as they are called.

Proteids break up by the process of putrefaction, and then we get Ptomains as a direct product, from the organisms present in the dead pulp, and secondly, we get Amido-acids, or acids in which the H, is replaced by the compound radical, NH_2 .

The Carbohydrates break up by the process of fermentation, and the result is water, CO_2 (Carbon Dioxide) and $\text{C}_2\text{H}_3\text{O}-\text{O}-\text{H}$ (Acetic Acid.)

The gases resulting from pulp decomposition are, CO_2 , (Carbon Dioxide); NH_3 (Ammonia); H_2S (Hydrogen Sulphide.)

It has been proved by Scherlen that the ptomains are of a sufficient irritating nature to cause inflammation and suppuration.

All these substances resulting from pulp decomposition are stored up in the pulp chamber and canals, and perhaps some might be forced in the dentinal tubuli, as this is very easy, the tubuli radiating from the chamber and canals. Now we have the result of pulp disintegration, and the next step is to find a way to render them absolutely harmless.

Personal Observations—In my practice I have noticed three distinct forms of pulp decomposition:

1. Where the pulp is dead, and the whole mass is changed into pus without any visible opening in the tooth. I might here mention that in the examination of a few speci-

mens of pus from this condition, I have been able to distinguish the *Streptococcus pyogenes*; a member of the *Spirillum* group, *Staphylococcus pyogenes*, and *Pneumococcus*.

2. Where the whole mass of the pulp is decomposed and there is a fistulous opening on the gum adjacent to the affected tooth.

3. Where the canals are filled with a moist darkish brown substance in which are found bits of food, a little pus occasionally, and saliva.

Class one I have found to be the most painful to the patient. The pain is due to the pressure of the various gasses resulting from the decomposition of the pulp, on the nerves at the apex of root. The patient gets immediate relief, on the opening of the chamber, and letting out of the pus.

Class two is not very painful, but is difficult to manage as there is a complication in which an alveolar abscess is involved.

Class three is not painful but if not scientifically handled, might result in a condition which is worse than the other two classes.

DIAGNOSIS

The differential diagnosis of the three classes is comparatively easy.

In diagnosing class 1, the practitioner will find on questioning the patient that there is severe pain on gently tapping the tooth with an instrument, and that the offending tooth, you will be told, seems to rise higher than the others, so that when the jaws are closed it strikes against the occluding tooth, before the

others. On the application of cold water, or hot air, there is no sensation or pain, tooth will be of a dark brown color.

When these symptoms are present there can be no doubt that the pulp is decomposing.

Class two can be easily diagnosed by the color of the tooth as in class one, with slight pain and a small red knot on the gum above or below the affected tooth, and the oozing out of pus when the knot is pressed.

Class three is diagnosed by inspection. The tooth will be broken down, and the pulp chamber can be easily seen.

Treatment—The treatment of class one is simple.

It must be understood that there is marked pericementitis around the ope of the root and hence severe pain. If a very sharp burr is used the pressure is reduced to a minimum and pain lessened. When the pulp chamber is opened pus will be seen oozing out. Before using a broach, wash out canals and chamber with a mild solution of ninety-five per cent. Phenol.

Use broach often to remove any portion of the pulp that is not wholly decomposed. Wash again with H₂O₂, 50 per cent. solution. This being done, Dr. Buckley recommends a mixture of equal parts of Formalin and Cresol.

It is believed that Formalin has great affinity for the H, in H₂S, and hence decomposes that irritating gas, and the compound formed, being a liquid, and the remnant sulphur, can be readily washed out at next sitting.

The Cresol referred to is Tricresol. This is a coal tar derivative, and being very volatile comes off at a lower temperature in the distillation than Phenol. It is three times more powerful than Carbolic Acid, but its toxic properties are less. It is manufactured in Germany by Scherwig and might be had at any first-class drug store. It is a clear, colorless, oily liquid, that turns dark on exposure to light. Care must be taken in purchasing, as the crude Cresol sold by druggists as disinfectants for sinks, etc., will be given unless you ask for Tricresol. The preparation being made, it is hermetically sealed in the tooth, and left for two or three days. I invariably put a Stemple suction cap on the gum above the tooth and allow it to remain for a couple of days. Stemple suction cap is a counter-irritant, and might be had at most dental supply houses.

If there is no odor from the canals at next sitting, and pericementitis has subsided, the root is then filled or capped as desired. The treatment of class two varies slightly. It will be remembered that there is a fistulous opening in connection with cases in this class. I open the canals thoroughly, wash out with H_2O_2 and after, make a mixture of equal parts of ninety-five per cent. Carbolic Acid and H_2SO_4 (Sulphuric Acid) as recommended by Buckley and pump mixture with a pledget of cotton twisted around a root canal dresser, or an old nerve broach, right through the opening until seen oozing out on the gum. This treatment acts as an escharotic, and de-

stroys all the indurated tissue in the lumen of the fistula. I next seal the mixture Formo-cresol in cavity.

This treatment is carried on until opening seen on the gum disappears. The abscess is now cured and the tooth is ready to be filled or crowned. This sometimes takes a long time, but ordinarily it takes about ten days.

Class three is generally the most difficult I have to deal with. The root in this case is generally badly broken down, and makes it hard to hold treatment.

Without trying to clean out in any way the decayed matter in the root I hermetically seal in it Formo-cresol and dismiss the patient until next sitting, which is generally two days after. The decayed matter will have become sterile from the action of the Formo-cresol. I then use broach and drill and when root is thoroughly clean, fill and crown.

The danger to be avoided in this class is, the pushing out of infected matter through apex of the root, this setting up Pericementitis and finally the formation of an abscess. Your reputation rests here, because the patient generally says "The tooth was not paining me but now you have made it worse." With a little care that can be avoided.

A case stated in August of last year, a young woman of about twenty-two years old called at my office with trouble in the upper centrals. On examination, I noticed the centrals very dark and loose. On questioning her, I found that when she was about ten years old, she met

with an accident which resulted in knocking out two centrals. She ran to her mother, who replaced the two teeth in her fright, and with the help of a physician, managed to keep them in place until they became firm. A year after, the teeth began to pain her and her lips became greatly swollen. An abscess had appeared on the gums. After a while the abscess disappeared but returned. This appearance and disappearance went on every three or four months for twelve years until she came to me. I opened the teeth from lingual surface, and a dark, foul smelling fluid flowed out. I washed with H_2O_2 , (Hydrogen Peroxide) and applied mixture of Sulphuric Acid and Carbolic Acid until it oozed through opening and after, sealed in it Formocresol. This treatment was repeated for a period of one month. The abscess on the gums disappeared, tooth was bleached and filled and patient discharged.

I have treated many cases of class two similarly and feel safe in recommending this treatment.

I must again apologize for bringing this subject before you, as it is such a familiar one, but as I am deeply impressed with the dangers that result from careless handling of this condition, I feel I should give a warning note to you, in the hope that I might stir up a special interest in the management of putrescent pulp, and thus save humanity some of the ills that would result as a natural consequence.

DISCUSSION BY DR. DON J. PINHEIRO

The paper just read by Dr. Wright is so very plain and clear that it does not seem to me to need very much discussion. The paper as I understand is a very clear and plain description of the doctor's method of managing putrescent pulp. I wish it to be clearly understood that my views are very much in harmony with the essayist, while I may differ in the treatment of putrescent pulp, I do not wish to criticize his practical and scientific treatment which has been so clearly outlined.

From a histological examination of the dental pulp we find it made up of connective tissue, nerve tissue, vascular tissue and blood. As has been clearly shown by the essayist, we observe from a chemical examination of these tissues that they are clearly analagous with all other animal tissue, in that they are made up of nitrogenous and non-nitrogenous substances. The nitrogenous substances are proteins or albuminous substances, and non-nitrogenous compounds are fats (carbo-hydrates). Theoretically, we say that all true fats are compound ethers of the triatomic alcohol glycerine, in which three replaceable hydrogen atoms of the hydroxyl are replaced by three univalent radicals of the higher members of the fatty acids. The most important fats found in the pulp tissue are tripalmitin, glycerine, and Alcin. In selecting drugs to be used in the treatment of pulp decomposition, we should see to those agents with reference only to their ability to unite chemically with the end products

resulting from such a condition; we must remember that such a condition has been brought about through the agency of micro-organisms by a gradual, analytic process. Among the gases produced in pulp decomposition are Carbon, Dioxide, Ammonia and Hydrogen Sulphide. As these gases are evolved in those cases where there is no free exit from the pulp-chamber through a cavity, pressure is brought to bear and in many instances they escape through the apices of the roots, carrying the poisonous ptomains into the surrounding tissues. Inflammation is thereby produced and an Alevolar abscess established. From some cause the pulp-organ is injured, becomes gangrenous, dies, passing through a number of changes, it finally reaches the putrefactive stage so frequently encountered in practice. Chemistry presents many reagents for the transformation of

fats, but nothing so common or simple as the action of the alkalis. Sodium Dioxide as soon as it comes in contact with water breaks up, forming Sodium Hydroxide, and liberates Oxygen. In Sodium Dioxide we have a chemical agent which possesses a three-fold value. First, as a saponifier of the fats left in the pup-canal. Second, the nascent Oxygen liberated from the Sodium Dioxide disinfects any remaining tissue in the canal and dentinal tubuli, leaving, after thorough treatment, the tooth pure and wholesome. Thirdly, the escape of the nascent oxygen from the liquid or semi-liquid mass affords a mechanical assistance in freeing the tubuli, canal and chamber of all putrid matter. Such a treatment as represented is not only chemically and scientifically indicated, but it is reasonable, practical and logical.

SOCIETY NOTES

The Rock City Academy of Medicine and Surgery which is one of the most active and successful of local organizations of colored physicians surgeons, pharmacists and dentists and is located in Nashville, Tenn., meets on the first and third Mondays of each month from October to June, inclusive. The first meeting of each month is devoted to business and the general discussion of some medical topic of general interest. The second meeting is devoted to listening to a paper or the presentation of cases by some member of the Academy.

The following program was adopted for 1910;

1st Monday in January—Coryza.

3d Monday in January—Dr. Caruthers.

1st Monday in February—Antral Empyema.

3d Monday in February—Dr. J. T. Wilson.

1st Monday in March—Curable Stages of Tuberculosis.

3d Monday in March—Dr. Lester.

1st Monday in April—The Mouth in Disease—Oral Hygiene.

3d Monday in April—Dr. J. A. McMillan.

1st Monday in May—Appendicitis.

3d Monday in May—Dr. W. E. Gray.

1st Monday in June—Psycho-Therapy.

3d Monday in June—Dr. J. H. Holman.

TEXAS NOTES

The Lone Star State Medical, Dental and Pharmaceutical Association of Texas convened in its twenty-third annual session in the city of Houston, November 9, 10 and 11.

The officers of the association were Dr. J. U. Jamison, president, Texarkana; Dr. T. W. Sparks vice-president, Terrell; Dr. R. E. L. Holland, secretary, Temple; Dr. N. J. Atkinson, assistant secretary, Greenville; M. C. Cooper, D. D. S., treasurer, Dallas. The above officers were all present except Dr. Cooper.

The sessions of the association were held in Trinity M. E. Church, the broad-hearted Dr. W. H. Logan, pastor. In the forenoon session of the first day (Tuesday), Dr. W. H. Logan, pastor Trinity M. E. Church; Prof. F. W. Gross, president of Houston Academy; Prof. W. E. Bledsoe, grandmaster of the U. B. S. of Texas, and Prof. S. A. D. McClellan, were introduced to the association, and each made a short but stirring, and impressive talk.

On Tuesday night the members of the association and the public met at Antioch Baptist Church, a magnificent brick structure, with the invincible Dr. F. L. Lights, pastor. Here a most excellent program, consisting of welcome addresses, responses, recitals and music—instrumental and vocal—was rendered under the auspices of the Harris County Medical Association, of which Dr. R. F. Ferrill is president.

Dr. G. W. Hubbard, Dean of the Meharry Medical College, Nashville, Tenn., was in attendance of the association as its distinguished guest. On Wednesday morning Dr. Hubbard delivered a very able and interesting lecture to the association on the "X-Ray and Radium in Medicine and Surgery." Wednesday evening he lectured to an appreciative

audience in the auditorium of the Trinity M. E. Church on, "How to Keep Well." The good doctor is looked upon as one of the greatest living benefactors of the Negro race, and he was not allowed to leave Houston without his being impressed of the great appreciation of his visit to Houston, and the association in particular.

The three-days session of the association was fraught with much interest to those in attendance. Such subjects as "Tuberculosis," "Hookworm," "Pellagra," "Extra-Uterine Gestation," "Amputations and Scalp Wounds," "Asthma," "Tetanus," and "Typhoid Fever," were ably and intelligently discussed to the benefit of all present.

The Lone Star State Medical Association of Texas was organized in the year 1886 in the office of Dr. J. H. Wilkins, who was then located at Galveston. Drs. Wilkins, Ramsey, Starnes, Blakely, Middleton and McKinley constituted the organization. In fact they were about the only Negro physicians in the state. Four years ago the association changed its constitution, and by-laws so as to include the dentists and pharmacists of the state, and has since been known as the Lone Star State Medical, Dental and Pharmaceutical Association of Texas. There are now sixty-six bona-fide members of the association, with forty-five in attendance at the recent Houston meeting. This, perhaps, is the largest state organization of Negro physicians, dentists and pharmacists in the country.

There are five sanitariums owned and operated by individuals of the association, and a number of the physicians are rapidly becoming surgeons of repute.

The association was royally entertained by the local fraternity at at Houston. An elaborate banquet was served at U. B. F. Hall on Wednesday night in honor of the visiting physicians, dentists and pharmacists.

Officers elected for the ensuing year: N. J. Atkinson, M. D., Greenville, president; R. F. Ferrill, M. D., Houston, vice-president; R. T. Hamilton, M. D., Dallas, secretary; N. J. Wallis, D. D. S., Fort Worth, assistant secretary; Miss A. E. Hughes, Ph. C., Clarksville, treasurer.

Chairmen of the divisions of the association: Surgery—B. R. Bluitt, M. D., Dallas; Practice of Medicine—W. T. Hughes, M. D., Fort Worth; Gynecology—F. A. Bryan, M. D., Dallas; Tuberculosis—R. S. Childs, M. D., Houston; Obstetrics—Mary S. Moore, M. D., Galveston; Pathology—W. M. Drake, M. D., Marshall; Genito-Urinary Diseases—R. B. Barnes, M. D., Cleburne; Hygiene—H. E. Lee, M. D., Beaumont; Dentistry—H. M. Whitby, D. D. S., Houston; Pharmacy—G. W. Lemons, Ph. C., Fort Worth.

By invitation from Dr. W. H. Crawford on behalf of the physicians and citizens of Austin, the association adjourned to hold its 1910 meeting in the "Capital City."

REPORT OF CASE OF TETANUS, SUCCESSFULLY TREATED WITH ANTI-TOXINE. DR. R. T. HAMILTON, DALLAS, TEXAS

Read in the Division of General Medicine of the Lone Star State Medical, Dental and Pharmaceutical Association, at the Twenty-third Annual Session, held at Houston, Texas, November 9, 10, 11, 1909.

Mr. President and Gentlemen:

It is not the purpose of this paper to enter into a detailed and scientific discussion of tetanus, considering its

history, etiology, pathology and symptomatology, but rather to direct attention to, and emphasize the use of a remedial agent that is thought by many to be still in the experimental stage, and of doubtful utility as a means effecting a cure after the development of the disease. My own experience together with that of others, convince me that antitetanic serum possesses greater virtue as a curative agent than is commonly believed by most physicians.

The following is a report of my case:

Patient—S. P., aged 24, male, colored, float-driver; had syphilis four years ago.

History—During the forenoon of August 26, 1909, he was shot by a fellow employee. The ball from a 41 Colt revolver, entered the right leg about the middle of the upper third of the femur. He was taken to the Emergency Hospital where the surgeon in charge dressed the wound and sent him home. In the afternoon of the same day I was called in for the purpose, as he stated, of locating the ball and taking it out. As he was resting quietly and there appeared to be no fracture of the bone, I did not remove the dressings; but informed him that without an X-ray examination it would be difficult to locate the bullet, and furthermore, if it was lodged deeply in the tissues it would not be wise to attempt its removal at that time.

On the morning of the 28th there were considerable soreness and pain in the gluteus maximus muscle. On examination the ball was distinctly felt under the integument, about four or five inches to the right of the anus opposite the point of entrance. Under antiseptic precautions the bullet was extracted and free drainage established. The wounds healed nicely and the patient was out in a few days.

On September 10th, he came to my office and complained of his neck being sore and stiff, and attributed it to having slept in a draught during the night. Not in the least suspecting tetanus I prescribed chloroform liniment to be used externally. During the forenoon of the 12th I was called to his residence to see him. I found him having a hard tetanic convulsion. The muscles of the chest were involved and the pain therefrom was most distressing, "risus sardonicus" was very marked.

An examination of the wounds showed no swelling or tenderness, they had healed completely; his temperature was 101 degrees. During the first 48 hours I gave him increasing doses of morphine sulphate, chloral hydrate and the bromides, they had but little effect and his condition grew worse. On the morning of the 14th, after a particularly bad night, I injected 1,500 units of tetanus antitoxin, also one-half grain of morphine sulphate; discontinued the bromides and chloral. Eight hours later his condition had slightly improved and I repeated the antitoxin. During the night he had two convulsions and slept fairly well between them; during the previous night he had four convulsions and slept but little.

September 15th—One injection of antitoxin at 9 a. m. and another at 8 p. m., had two convulsions during the day, but less severe and of shorter duration than those of the night.

September 16th—Had one hard convulsion at 1 a. m.; slept several hours but restless. Injections at 9 a. m., and 8:30 p. m.; no convulsions during the day; felt much better, temperature still 101 degrees.

September 17th—Slept all night, no convulsion. Injection at 8:45 a. m.; sat up on edge of bed at 3:15 p. m., and had a convulsion, a little more severe than the last one; injection at 9 p. m.

September 18th—Rested well all night, no convulsion; felt decidedly better; temperature 99 degrees. Muscles of face and neck less rigid than heretofore; injection at 10 a. m.

September 19th—Restless all night, had light convulsion at 6 a. m. Complained of itching and muscular twitching all over the body; fine rash appeared on face neck and arms. Injections at 9 a. m., and 9 p. m.

September 20th—Still improving, could open mouth much better, appetite good, temperature 99 degrees. Injection at 1 p. m.; sat up three hours during the forenoon, muscular twitching continues but does not worry him as much as heretofore.

September 21st—Temperature normal, muscles of face and neck less rigid, "risus sardonicus" hardly recognizable. Sat up all day and none the worse therefrom; injection at 1 p. m.

September 22nd—Improvement continues, rash appears all over body and itches intensely; temperature normal, no injection.

September 23rd—Did not rest well during the night, muscular twitching a little worse, injection at 1 p. m.

September 24th—felt decidedly better than the day before, slept well all night, appetite increasing, temperature normal; injection at 1 p. m. From now on he steadily improved, and the antitoxin was discontinued. He walked to town September 30th, and on his way home he stopped at my office; he said he was feeling all right, though he looked quite weak and emaciated. Ten days later he returned to work and has been steadily employed ever since.

In addition to the injections of antitoxin, each injection consisting of 1,500 units, he was given from the third to the tenth day of the disease, twelve drops of the tincture of digitalis, t. i. d., this being indicated by the condition of the heart. His

bowels were kept open with magnesium sulphate.

In the New York Medical Journal of July 25, 1909, Dr. C. M. Stimson, interne, Philadelphia General Hospital, reports a case much severer than mine. He injected 3,000 units of the antitoxin every four hours and continued the bromides and chloral and morphine throughout the course of the disease. Once, under chloroform anaesthesia, the sciatic nerve was exposed and 3,000 units of the serum injected directly into the trunk thereof; which was followed by a temporary improvement in the condition of the patient. This patient was finally discharged as cured 36 days after admission to the hospital.

By the old line of treatment tetanus claimed 80 per cent. of its victims. Hoffman reports a series of cases where the antitoxin was given subcutaneously and the mortality was 58 per cent.; he reports another series of 16 cases where it was administered intradurally and only two died, and these from complications, a mortality of 12.50 per cent. Packard and Wilson treated 1,216 cases with antitoxin and had a mortality of 40.3 per cent.

While I do not believe that bril-

liant results will be obtained by the average practitioner outside the hospital, yet, in the light of our present knowledge, it would seem to be almost criminal to fail or neglect to use this serum whenever indicated, provided it can be freshly obtained.

Since an ounce of prevention is worth a pound of cure, perhaps it would not be amiss for me to here repeat the prophylactic rules, which should be carefully followed in the treatment of every blank cartridge or puncture wound, especially puncture wounds occurring in or about a barn or stable:

TO PREVENT LOCKJAW

1. Freely incise every wound.
2. Carefully and thoroughly remove from the wound every particle of foreign matter.
3. Cauterize the wound thoroughly with a 25 per cent. solution of phenol (carbolic acid).
4. Apply a loose wet boric acid pack.
5. Inject subcutaneously 1,500 units of antitetanic serum.
6. In no case should the wound be closed. It should be allowed to heal by granulation. The dressing and packing should be removed every day.



VALUABLE CONCLUSIONS

The case of G. H. is reported by J. S. Norwell, M. B., C. M. B. Sc. of Edinburgh, Scotland as follows: "Suffered from headaches which proceeded from errors in diet. I arranged a table of diet for him which proved beneficial. I prescribed antikamnia tablets and with the very best results. His headaches were kept under until his changed dietary had time to effect more permanent relief. This year he went to Bisley. In case he should be troubled there with his bete noir, I gave him some antikamnia tablets as a stand-by. On his return he told me he had no headache, but that he had used all the tablets. Headaches, it seems, are no uncommon accompaniments of camp life. He has dispensed the antikamnia tablets to some of his suffering companions, and they (the tablets) "hit the bull's eye every time." Who knows but that they had something to do with the phenomenal scoring at the last meeting!

One could multiply similar cases, but this may suffice to illustrate the effects of antikamnia tablets in the treatment of headaches, and to warrant the following conclusions I have come to with regard to their use;

- (a) They are a specific for almost any kind of headache.
- (b) They act with startling rapidity.
- (c) The dosage is small.
- (d) The unpleasant after-effects so commonly attendant on the use of many of the other analgesics are entirely absent.
- (e) They can therefore be safely put into the hands of patients for use without personal supervision.

Another point worth noting is that they can be very easily taken, being practically tasteless.

CONSTANTLY FAVORABLE RESULTS

Dr. John Arthur Diggle, Med. Ref. Globe Accident Assur. Soc. of London, Eng., in writing of antikamnia tablets, says:— I may state at the outset that they satisfied me well and the constantly recurring favorable reports prove that most who have given them a fair and thorough trial are quite satisfied with the results which have

followed. They seem to be absolutely safe in exhibition and to have no effect whatever on the healthy human organism. Such a safe analgesic and antipyretic is a perfect God-send in these days of "nerves" and all the resultant neuralgias developed under our civilization. In the cases in which I have used antikamnia tablets I have never noticed any ill effects. As an analgesic, in my experience, the sooner the remedy is administered after the onset of pain, the quicker the relief, and the smaller the amount of the drugs required; this would follow almost of course, but I think the oftener the dose is repeated in judiciously small doses, the better the result, as compared with larger doses less frequently given. Given in such doses, and at such intervals, I have found antikamnia tablets most useful in neuralgic cases and acute rheumatic attacks, and in sudden nervous attacks with severe pain. In case of paraplegia, in which the suffering from pain in the paralyzed limbs was agonizing, and had only yielded before, to gradually increasing doses of morphine hypodermically, their effect was, and continued to be, good. In a case of typhlitis both the analgesic and antipyretic properties were signally shown. In some cases of dysmenorrhoea one or two tablets relieved the pain, and the after use of caulocorea for a while, prevented its return. The rapidity with which they acted in some cases of migraine, seemed simply marvelous.

GOUT

A recognized authority attributes the establishment of a gouty attack to the heaping up of certain products of metabolism in localities where there is already an abundance of uric acid which is consequently precipitated.

For the immediate elimination of this uric acid, as also of any other toxic or morbid products, no remedial agent is as efficient as Tongaline.

GRIPPE

In the treatment of grippe it is most important to bear in mind its very obstinate character and the necessity of promptly and thoroughly expelling the causes of the dis-

ease from the system, thus preventing serious complications and dangerous sequelae.

Tongaline is particularly indicated in grippe on account of its pronounced stimulating action on the liver, the kidneys, the intestines, the pores and the circulation, thus inducing general elimination.

Furthermore because the effects of Tongaline are so fully equalized there is no disturbance of any particular organ, but a speedy return to normal conditions.

A GALLSTONE OPERATION WITH H-M-C.

I have recently used H-M-C tablets (Abbott) for gallstones on a patient of 67 years, whose condition did not warrant a general anesthetic. The use of H-M-C tablets was supported by the local use of Schleich's mixture and the operation was completed, including the removal of over 700 gallstones without any pain to the patient and no subsequent nausea. In fact, several hours after the operation was performed the patient asked if we were not almost ready to take her up to the operating room. (I also find this preparation the best pain reliever I have ever used. Its effects are excellent and usual unpleasant sequels from the use of morphine are notably absent.)

C. H. Bushnell, M. D.

Chicago, Ill.

THE SCIENTIFIC SPIRIT

The Scientific Spirit prevails in the manufacturing chemists shops as never before. The Abbott Alkaloidal Company's physiologic and scientific laboratories are splendid examples. Quality is sought first, then quantity.

The Lancet Clinic.

The modern tendency is to take nothing for granted; and in the material things of commercialism it is a good, strong, healthful tendency. A few weeks ago I addressed the medical profession upon the subject of principle and originality, directing their attention to the imitating and substituting of Tyree's Antiseptic Powder.

The subject is, we believe, an eminently important one to them, since it has a material bearing upon the precautionary methods now imposed upon every practitioner.

In view of these facts it seems fair to assert that advice should always be Tyree's, but executed seldom when simply prescribed and not specified. "The physician proposes, but the dispenser disposes." The patient suffers, and so does the physician's reputation.

Physicians everywhere are agreed as to the incomparable merits of Tyree's Powder. They prescribe Tyree's. They think the patient gets Tyree's. And that's where the trouble begins. Hospital and national formularies abound with erroneous formulas purporting to give the composition and percentage strength of Tyree's. And while they don't, the physician thinks they do, thinks they are "about the same," and thinks the druggist can put it up. But he can't.

In our judgment, Tyree's Antiseptic Powder has been universally adopted by medical men, because:

1. It is a more powerful antiseptic and germicide than mercury bichloride, yet it is non-toxic.

2. Unlike other antiseptic agents, it promotes repair while destroying bacteria.

3. It is a detergent and deodorant, as well as an antiseptic and germicide.

4. It is inexpensive; hence well adapted for general use.

Each component of Tyree's Antiseptic Powder is of the highest attainable purity. The product is skilfully produced, and we verily believe it worthy of your constant employment, which can only be done by persistently specifying Tyree's.

As further evidence of these facts a liberal quantity of Tyree's Powder will be sent free to the profession, carriage prepaid, upon request. Dispensed in two and eight-ounce containers at twenty-five cents and one dollar.

INDEX—VOL. I, 1909

	PAGE	No.
Acute Intestinal Diseases to Lesions of the Liver (The Relation of) —J. E. Hunter	1	1
Alcohol—(Editorial)	105	2
Alveolar Abscess—T. W. Robinson	221	4
Anaesthesia, Causes and Prevention of Death During—John W. Mitchell	84	2
An Appeal—(Editorial)	109	2
Antral Empyema—W. P. G. Urling.	112	2
Art Thou in Health, my Brother?—(Editorial)	107	2
Boston, On To	124	2
Boston Meeting, The	230	4
Call To The Dentists, A	174	3
Call For the Meeting of the National Medical Association, The Last	171	3
Clinics For the Meeting of the N. M. A., in Boston	174	3
Colored Graduate Nurses	266	4
Comments (Some) On the Journal	110	2
Comments On the Journal	165	3
Comments On the Journal	247	4
Deontological (The) Orientation of Its Membership the Chief Function		
of a Medical Society—C. V. Roman	19	1
Duties of the Profession To the Laity—W. S. Lofton	118	2
Editorials	36	1
Editorials	104	2
Editorials	160	3
Experimental Surgery—A. M. Brown	50	1
Eye, The Study of the—C. V. Roman	91	2
Financial Side of Pharmacy—L. H. Singleton.	40	1
Impending Crisis—(Editorial)	232	4
Items	237	4
Items(News)	102	2
List of Officers	68	1
List of Officers	124	2
Members of the National Medical Association	70	1
Mercy Hospital	43	1
Minutes(New York)	24	1
Minutes of the Boston Meeting	248	4
Minutes of Dental Section	259	4
Minutes of Pharmaceutical Section	260	4
Minutes of Medical Section	260	4
Minutes of Secretary of Executive Board	263	4
Modern Hospital, The: Its Construction, Organization and Management		
N. F. Mossell	94	2
Mouth, The	231	4
Necessity The, of School Instruction in Dental Hygiene—Paul Gardiner White	44	1
Necessity The, of School Instruction in Dental Hygiene—Paul Gardiner White	114	2
Necessity The, of School Instruction in Dental Hygiene—Paul Gardiner White	166	3
New York Meeting, Our	33	1
Not wholly Medical—(Editorial)	107	2
Notes (General)	42	1
Opening Address—P. A. Johnson.	189	4
Opsonin and the Opsonic Index in Medicine—John B. Hall	9	1
One of the Obscure Causes of Death in Infants—(Editorial)	109	2

INDEX VOLUME 1, 1909—Continued

Opportunities The, in Specialization—Anna R. Cooper	223	4
Pains of the Female Pelvis, Their Diagnostic Significance and Treatment		
. J. J. France	136	3
Partial Program For the Eleventh Annual Meeting of National Medical Association	173	3
Pellagra, Its History and Symptomatology—A. M. Townsend.. . . .	88	2
Pharmacist The, In his Relation to the Physician and the Public		
. Thomas W. Patrick	210	4
Physician To the Pharmacist, The Relation of—A. V. Gray	216	4
Plea A, For Suggestive Therapy	56	1
Post-Operative Ileus		
. J. A. Kenney	204	4
Present (The) Relation of the Psychic to the Physiologic and Therapeutic In Today's Practice of Medicine—J. A. Robinson	68	1
Preservation (The) of Pharmacotherapy—A. M. Townsend.	198	4
Professional Care of Deciduous Dentures—D. A. Ferguson	16	1
Professional Secrecy—(Editorial)	108	2
Proprietary Preparations vs Practical Pharmacy—Mrs. J. H. P. Coleman	4	1
Report of Secretary to the National Medical Association	34	1
Report of some Abdominal Surgical Cases of Pathological, Traumatic and Freakish Origin—J. Walter Simms	155	3
Reports of Medical Societies	174	3
Report of an Accident—Robert T. Burt	229	4
Report of Medical Education—H. F. Gamble	257	4
Report of Editor of Journal to Executive Board	261	4
Shock From a Surgical Point of View—J. H. Allison	152	3
Side Glance at History and Progress of Medicine—G. H. Wilkerson	147	3
Solidarity	231	4
Some Important Differential Diagnoses—C. V. Roman.... .	142	3
Some Social Features	265	4
The Therapeutics of Hot and Other Mineral Waters of Hot Springs, Arkan... sas, In the Treatment of Syphilis and Other Diseases—Harold H. Phipps	182	3
The Treatment of Lobar Pneumonia—Joseph J. France..... .	193	4
Trip (A Little) Through the Old Dominion	169	3
Tuberculosis, Causes and Prevention of—E. P. Roberts	81	2
Tuberculosis, The Negro's Most Cruel Foe—Robert T. Burt	150	3
Wanted: A Hospital in New York	104	2
Yesterday, Today and Tomorrow—G. W. Hubbard.. . . .	133	3

EXCHANGE LIST

The American Journal of Clinical Medicine, Chicago.	Washington Medical Annals, Washington, D. C.
Medical World, Philadelphia, Pa.	Dental Summary, Toledo, Ohio.
The Horizon, Washington, D. C.	Dental Brief, Philadelphia, Pa.
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Pellagra

By A. M. TOWNSEND, M. D., Nashville, Tenn.

Notwithstanding many advances have been made in various means for the study of the cause, manifestations, prophylaxis and eradication of diseases, medical science finds itself now almost completely baffled by one of the most mysterious diseases with which it has ever been confronted.

It is a new and grave problem with which the profession in this country is now grappling, and particularly in the South where it is assuming alarming proportions. This strange disease is Pellagra.

The indefinite and pervasive character of its etiology, the vague manifestations of its pathology, with the lack not only of any specific treatment but the apparent inefficacy of all treatment make it indeed the medical mystery of the day. Throughout history it has been a progressively invading disease. Ever since first discovered by Casal in Spain in 1735 investigators have endeavored to determine its cause. It is now the most important topic absorbing the attention of the profession. For Syphilis we have a specific; Tuberculosis can be cured; Dr. Stiles asserts that the Hookworm disease is curable for 57 cents a head, but the cure for Pellagra has baffled the profession for centuries.

With reference to Pellagra in this country two things are evident:—

First, that the disease is extant; and second, that it has existed for some time though unrecognized. Its seeming rapid onset and spread among us may therefore be classed as apparent and not real. Many already existing cases are reported, as knowledge widens and skill in diagnosis develops among those of us hitherto unfamiliar with the disease.

It no doubt is a distinct disease with morbid phenomena peculiar to itself. When the skin lesions of Pellagra are seen one might possibly think of Erythema multiforme, Lichen planus, Eczema and may be Syphilis. But if one keeps in mind the areas covered by the pellagrous eruption, the extent of it, and the anaesthesia associated with it, and the well marked constitutional disturbances associated with it, he can scarcely make a mistake so far as diagnosis is concerned.

The line of greatest research now seems to be in the direction of the etiology of the disease. The investigators are divided into the Zeists and the Antizeists. The Zeists are divided among themselves as to whether the disease is an ordinary intoxication, an auto-intoxication, or a specific infection caused by bacteria, moulds or fungi. The Antizeists are looking for the cause of the disease elsewhere than in the use of diseased

corn. And in view of the present state of uncertainty as to the definite cause of the disease, in my opinion we must still have an open mind.

So far as investigation has proceeded researchers seem to be generally in accord with the Zeists that there is a causal relationship between damaged corn and Pellagra. But they find themselves unable to explain how it is that corn was in use as a food stuff at least 200 years before there was any history of the appearance of Pellagra; how it is that there are large areas where corn is cultivated and largely used as food and yet there exists no Pellagra or vice versa that Pellagra is prevalent in districts where corn is not cultivated and even among persons who have never eaten corn; how it is that only certain members of a family are affected although it be true that all the family live largely on maize; how it is that adults are more susceptible than children; how it is that we find it prevalent in institutions that use no corn as food; or find it prevalent in one institution and not in another when the food stuff in both is furnished by the same mills; why it is that the disease appears in spring and spends its ravages during the summer and gradually abates when the weather becomes cooler; how it is that there is generally no temperature curve; how it is that the rich are the victims as well as the poor, the Caucasian as well as the Negro.

Ever since the diagnosis of Pellagra in a case in consultation with my good friend, Dr. C. V. Roman (which by the way was the first case

of this disease to be reported in this state at least among Negroes), I have been much interested in this disease. Its repulsive and loathsome manifestations have indeed daguerreotyped an impression on my mind that can never be forgotten. I have treated two cases since then and made diagnosis in consultation with Dr. A. L. Thompson, Memphis, Tenn., of the first case reported in that city. All cases I have treated or seen in Negroes have been in females and in each case the only member of the family affected.

I have studied the disease so far as I have been able to secure opportunity in every phase, and must admit that the knowledge of the causation of Pellagra is evidently conjectural. And apropos the vast amount of work that has been done by prominent researchers since the year 1776, I admit that my own practical experience with the disease is too brief and too limited to present my personal observations to have any weight. The cause today seems as remote as at any time in the past and consequently nothing rational in the treatment can be offered.

From Dr. B. G. Tucker, Health Physician of Davidson Co., Tenn., I obtained the following information:—In the Baptist Orphanage (white) Nashville, out of 65 children ranging in age from 4 to 16 years, in the year 1909, there were 17 cases of Pellagra. At the State Asylum there are 900 inmates and not a case of Pellagra has appeared. The food stuff for both these institutions is furnished by the same mills. The

hygienic surroundings at the orphanage are excellent and the children were well nourished. Thirteen of these children have become apparently well, though yet under surveillance suspecting a recurrence with the return of spring. The improvement and apparent cure in these cases are attributed to cleanliness, salt-baths, arsenic and tonics, nutritious diet and open air.

Four of these children died. The autopsy findings in one of them, a boy 12 years of age, as described by Litterer, follows: "Extreme emaciation and absence of adipose tissue. The lungs hypostatic, heart flabby and small, valves normal. Liver enlarged slightly. Spleen three times larger than normal and very dark and friable. Kidneys slightly congested, normal in size and capsule stripped easily. Stomach enlarged and very thin; in places it appeared as if it had no mucous membrane. No blood found in the stomach. In the jejunum, ileum and colon a marked thinning of the mucous membrane. Blood found in the entire intestines. In a few areas the wall of the intestines was so thin that it gave the appearance of an erosion. Fragility of the bones noted on opening the spinal column. Spinal cord showed an inflammation and thickening of the dura mater.

MICROSCOPICAL

"1. Lungs hypostatic, congested.

"2. Heart muscle undergoing fatty degeneration in areas, while in others an atrophic change was taking place.

"3. Liver showed cloudy swelling, fatty; also an excessive pigmentation of cells.

"4. Spleen showed a marked hyperplasia and cloudy swelling with some pigmentation of cells.

"5. Stomach and intestines showed a marked thinning of the mucous membrane with congestion of areas.

"6. In the spinal cord was found a degeneration of the posterior column, differing from that of tabes in showing no involvement of posterior roots. There was degeneration of the cells in Clark's column; also changes in the large Betz cells of the anterior horn.

"Cultures were made from heart, blood, liver and spleen with negative results."

The history of an interesting case of mine follows: Mrs. V. L. C., age 29, school teacher. First consulted for a disturbed condition of the bowels. Patient gave history of having had frequent attacks of stomach disorder and diarrhoea for the last two or three years, beginning for the most part in the early spring of each year and growing apparently worse as the summer came on. She was engaged in teaching for nine months in the year in a rural district and her food was of a common quality, the principal articles being bread, some corn bread, and particularly peas.

The symptoms of the first stage of Pellagra so resemble those of ordinary gastro-enteritis that it is hard to make a diagnosis until the second stage is manifest by the appearance of the characteristic erup-

tion. All cases of gastro-enteritis and diarrhoea should then be looked upon with suspicion, especially if they fail to yield to ordinary treatment.

Being personally acquainted with this patient and noting her strangeness of appearance, in loss of flesh and somewhat cachectic, and having had cases under my treatment before this I suspected Pellagra. Examination of the mouth showed redness of the mucous membrane. Later she complained of a sensation of heat in the mouth and stomach and a soreness at each angle of the mouth. There were symptoms of gastric disturbance with pain in the epigastric region. In this case at first there was diarrhoea and at times constipation. Vomiting was a troublesome symptom. For two weeks I treated this case principally symptomatically, with no amelioration of symptoms but rather a progressive aggravation. The diarrhoea became continuous and unyielding, the vomiting increased to the point of intolerance of any nourishment, insomnia was rebellious. I moved her to a local infirmary with hope that a change of surroundings, with hygienic advantages, etc., might be of signal benefit to her. At first she seemed to improve, but in a short time there was a recurrence of the severity of the symptoms mentioned. Soon I noted the appearance of the characteristic erythema which marked the beginning of the second stage. This eruption appeared first on the dorsal portion of both hands, affecting noticeably the joints. Later it appeared on the palmar surface of

the wrist. Patient complained of a burning sensation at the site of this eruption. Soon little bullae appeared filled with serum. Assisted by Dr. J. H. Holman, Professor of Histology, Bacteriology and Microscopy at Meharry Medical College, a close examination of this serum was made and we found it to be a serous inflammatory exudate containing only a few staphylococci and squamous epithelium. The stomatitis increased and the tongue now presented the "bald tongue" appearance. Muscular weakness especially of the lower limbs was marked. There was a staggering gait and marked depression. The temperature was normal.

This patient had a peculiar facial expression at times, and a frown on her forehead as if in the presence of foul odors. She was irritable and melancholic.

The gastric symptoms became persistent and vomiting of great quantities of bile or a bile-like substance became so distressing that it was necessary for me to wash out the stomach each day. We examined also this fluid contents of the stomach and found only a few bacteria, colon bacilli and streptococci. There was a distinct odor to this vomitus. And I might add, there is a peculiar and seemingly characteristic odor that follows pellagrous patients, not unlike the distinct odor of typhus patients as is the opinion of some.

I used every means possible to combat the conditions as they presented themselves but in spite of all, the anaemia increased, the loss of

weight became more apparent, greater physical weakness supervened, the diarrhoea became more intractable, the vomiting more alarming, the nervous phenomena became exaggerated, and a progressive aggravation of all these symptoms soon overtaxed the resistance of my patient and the scene was closed.

While it may be probable that the nervous phenomena are manifested in various ways and to various degrees, perhaps, in the cases that have come under my observation the phenomena have never extended beyond the degree of fatuous melancholia. In no case have I witnessed any suicidal or homicidal tendency.

So summing up, whatever may be the etiology of Pellagra, whether it is more frequent in females or males, in Negroes or whites, whether it is contagious or communicable, the fact yet remains that the medical profession is called upon to grapple with a distinct disease possessing morbid phenomena peculiar to itself. It should then receive the most earnest attention and careful study of all medical men under whose observation and care such cases may perchance fall. It stands in abeyance to treatment from the fact that its etiology is yet obscure and we are yet lost in what means its prophylaxis lies. Every physician is therefore mustered into service for the search of the cause and consequently the prophylaxis and successful treatment of this disease which is producing among us a very uneasy state of feeling, and whose gravity and danger lies in its immediate and

remote consequences not only to the individual but posterity. It seems that when this disease once gains foothold it can not be eradicated. Apparently it is impossible to eradicate it from Italy, Roumania, Austria, and now our own country. The Italian government has spent and is spending large sums of money in teaching the people how to prepare their food, and furnishing them sound corn and good bread, yet it seems difficult to make appreciable progress in the eradication of the disease. When we think of what an easy matter it is to sterilize food products, and when this is done in sections where Pellagra is prevalent and the disease continues to spread, we are forced to think that there is some other cause of infection than through articles of diet.

Who knows but that the tide of opinion may yet be turned and that Pellagra may be found to be an infectious disease, and like tuberculosis its cause be associated with lessened resistance or hereditary predisposition? Or, who knows but that "blind staggers" may be proven to be a manifestation of Pellagra in the horse, whereby, we may have through the horse not only a means of studying more thoroughly the nature of the disease, its causation, prevention and treatment, but also we may obtain from immunized horses a serum for the prevention and cure of the disease?

NOTE:—I have been appointed Chairman of the Commission on "Pellagra among Negroes" to report at the next session of the National

Medical Association, Washington, D. C. I have associated with me Dr. John E. Hunter, Lexington, Ky., and Dr. C. M. Wade, Hot Springs, Arkansas. Dr. Charles W. Stiles, of the Marine Hospital Service at Washington, D. C., before an audience of the City and County Health Officers of Tennessee assembled here April 6, 1910, made the startling statement that "the Negro is the reservoir for disease in the South." This impression is being made everywhere. And herein it seems to me that a strange and somewhat peculiar mission is now being evolved for the Negro physician. This new mission for the Negro physician is to defend his race from the impressions now

being made and the efforts put forth to prove us a menace to society and the nation on the theory that "the Negro is the reservoir for disease in the South." It is therefore imperative on the part of the Negro physician to find out for himself if such charges are true. If true, then work to alleviate them; if false, let the world know it.

You will greatly aid us in the prosecution of our division of the work if you will kindly send to us the reports of any cases of Pellagra you may have on record or under your treatment, or put us in touch with any physician you may know who has a case.

537 Main Street, Nashville, Tenn.

Extra-Uterine Gestation

By F. A. BRYAN, A. B., M. D., Dallas, Texas

One of the greatest discoveries man ever made concerning himself, was when Von Baer in 1827 detected the human ovum and established the nature of the human ovary.

As members of the profession we know that the ovum when mature escapes from its follicle in the ovary and falls into the coelomic ostium of the fallopian tube, through which, under favorable environment, it is conveyed by the muscular action of that tube into the uterus.

After the ovum has reached the uterus, if it comes in contact with a spermatozoon, it is thus converted

into an oosperm (better known as a fertilized ovum) and retained within the uterus where it may develop into a foetus and is in due course of time extruded as a living child.

As to the location where the ovum becomes fertilized, there has been a great deal of uncertainty, but at present we have positive proofs that fertilization has taken place in the follicle which is in the ovary, and in the fallopian tube, as well as the cavity of the uterus.

When an oosperm is found in any part of the genital tract other than the cavity of the uterus it is termed

Read in the Division of Surgery of the Lone Star State Medical, Dental and Pharmaceutical Association at the 23rd annual session, held at Houston, Tex., Nov. 9-11, '09.

"Extra-Uterine" and as it may occur in the ovary or tube we call it respectively ovarian or tubal pregnancy.

Concerning ovarian pregnancy, medical history tells us that more than two hundred years ago the profession believed in it but critical examination of the recorded cases shows that what was supposed to be an ovarian foetus was in some instances a dermoid, and in others an extra-uterine foetus sequestered in the folds of the broad ligament.

In recent years, the discovery of the tubal mole has furnished a criterion of extra-uterine pregnancy, and has led active investigators to formulate a postulate on which the occurrence of ovarian pregnancy could be based. They urged that an early embryo in the membranes, contained in a sac in the ovary, should be forthcoming. To prove the idea laid down, Kouwer in 1893 performed coeliotomy upon a woman of thirty-five who showed signs of severe abdominal bleeding. The abdomen was opened and in it was found a large quantity of blood, and the source of bleeding was a swelling the size of a nut in the right ovary. The diseased ovary and tube were removed as well as the blood clot, and patient made a slow but good recovery. The examination of the specimen some time after, demonstrated through a cross section, the presence of an early embryo in a sac furnished with chorionic villi and contained in an ovarian follicle. A point of great importance was also cleared up in the clinical account of this patient, viz.: That in the uterus

a decidua had formed and in a few days after the operation this was discharged with the characteristic pains of labor.

With so many reports of this kind the whole subject of ovarian pregnancy now stands in new light, opening a wide field of research for those who have the opportunity to carefully investigate suspected cases of early ovarian pregnancy.

Let us turn our attention to our second division of Extra-Uterine Gestation—Tubal Pregnancy. Concerning the cause or causes of this phenomenon we have no records, and until reliable evidence is furnished as to the situation in the genital passages where ovum and spermatozoon normally meet, there will always be room for doubts. Tubal pregnancy may happen in women who have been married eight, ten or even twenty years. A fallopian tube may become gravid in the newly married or in the mother of a large family. Both tubes may, in very exceptional cases be gravid concurrently, or one tube may become pregnant years after its fellow. Very rarely two oosperms are retained in the same fallopian tube, giving rise to twin pregnancy of the tube. Tubal pregnancy may complicate uterine pregnancy.

In looking over the records of tubal pregnancies we will find that the condition is very apt to occur in women who have been sterile many years and that the fallopian tube is more likely to become gravid than one that has been through the process of inflammation.

Diagnosis: The signs of extra-uterine pregnancy vary according to the stage of gestation. Before primary rupture or abortion, the patient gives a definite history of a missed menstrual period after having been previously regular, and she experiences pelvic pains which induce her to seek medical advice. Examination reveals an enlarged fallopian tube, where there is no history of old tubal disease or any fact in the history of patient suggesting septic endometritis or gonorrhoea, the presumption favors gravid fallopian tube.

At the time of primary rupture or abortion: The tube bursts or abortion occurs before the twelfth week. The effect upon the patient depends on the seat of rupture. If it takes place between the mesometrium, the symptoms will be less severe than when the tube bursts into the coelum, because the pressure exercised by the blood extravasated into the tissue of the mesometrium tends to check hemorrhage, whereas the coelum will hold all the blood the patient possesses and yet produce no hemostatic effect in the form of pressure.

The symptoms of intra-peritoneal rupture are those characteristic of internal hemorrhage. The patient complains of feeling as if something had given away suddenly. This is followed by general pallor and faintness, sighing respiration, subnormal temperature, rapid and feeble pulse, sometimes vomiting, and in some cases death ensues in a few hours. The symptoms of rupture are often accompanied by hemorrhage from the vagina, and shreds of decidua will

be passed so that it simulates in many points early uterine abortion. Error in such circumstances may be avoided by examining the shreds discharged from the uterus. If they are found to be chorionic villi pregnancy is clearly uterine. One of the most dreadful calamities to which women can be subjected is the rupture of gravid tube as it destroys life with such rapidity. Rupture of gravid tube is often simulated by lesions of other abdominal organs, for example: (1) Perforation of stomach and intestine, (2) Sloughing of vermiform appendix, (3) Rupture of a Pyosalpinx, (4) Acute intestinal obstruction, (5) Renal colic, (6) Axial rotation of ovarian tumor, (7) Strangulated hernia.

Symptoms from date of rupture to term:—Sometimes after rupture, the symptoms of shock pass off and the embryo continues its development. In many instances the patients believe themselves pregnant. As the embryo increases in size the abdomen enlarges, but differs from uterine gestation in that the enlargement is lateral instead of median. From the third month onward the leading signs of tubal gestation may be summed up as follows:—(1) Amenorrhoea is occasionally found, (2) There may or may not be milk in the breast, (3) Uterus slightly enlarged, cervix usually soft as in normal pregnancy and os patulous, (4) A large and gradual swelling on one side, and behind the uterus, (5) When a woman in whom exists suspicion of tubal gestation is suddenly seized with collapse and signs of internal

bleeding, it is indicative of rupture of gestation sac.

Symptoms at term:—In spite of risks besetting the life of extra-uterine child, and that of mother, the pregnancy may go to term, then a remarkable series of events ensue:—(1) Paroxysmal pains come on resembling those of natural labor accompanied by a discharge of blood and mucus, and dilatation of os, (2) Unavailing labor may last for hours or weeks, (3) Mammae may secrete milk for several weeks. These signs sometimes pass away and as the amniotic fluid is absorbed, the abdominal swelling subsides. Months or years later, suppuration takes place in the sac, and foetal tissues may be discharged through belly wall, rectum, vagina, or bladder and give clue to character of abscess.

The diagnosis of extra-uterine pregnancy is nearly always beset with anxiety and this is especially intensified when complications exist. It is well therefore, to remember, that tubal pregnancy may be repeated, tubal pregnancy may be lateral, uterine and tubal pregnancy may be concurrent, and pregnancy may ensue on the sequestration of a full grown extra-uterine foetus.

Treatment:—Treatment of Extra-Uterine Gestation is of two kinds—Expectant and Operative. Expectant:—This is only possible in early stages of tubal pregnancy and is a survival of the period when collections of blood in the female pelvis were commonly called hematocele. The custom was to keep patient with extra pelvic hemorrhage at rest in

bed for many weeks and in some cases for many months until the blood was absorbed. In some patients suppuration occurred and pus discharged itself through rectum, vagina, bladder, or slowly through the abdominal wall. Under the expectant plan, I am giving reference of a case that fell to my care the early part of this year. Was called to see a Mrs. A. on the 20th of January—Patient 28 years old, had been in very good health, had given birth to 3 children, the youngest 5 years old. Since the last child, had had two premature deliveries one 5 and the other 7 months. Found patient suffering with severe pain from a mass in right ovarian region, and had missed two menstrual periods. On examination of genital tract, found everything normal with the exception of a tender area in the right lateral fornix; made no diagnosis but treated symptoms. The pain kept up in spite of opiates but not as severe. The following evening I was summoned hastily, and on entering the room I was told that she had fainted, and at a glance I could see that the pallor was indicative of hemorrhage somewhere. On examination of pulse it was almost too frequent and feeble to be recognized. Stimulants were administered, and to my surprise, mass and tenderness over right ovary had gone. Examination per vagina gave a softer feeling to os than day before. I concluded that I had a rupture of gravid tube into the folds of the mesometrium. I pushed my adrenalin and patient rallied well. On fourth day a discharge of blood from

the vagina was present, and on the fifth day they had saved for my examination a mass that had been passed per vaginam that morning, which was truly the decidua as was proved by microscope. I was positive my diagnosis was correct. Patient with tonics and good attention got along nicely and at present is up and complains of no pelvic troubles.

Surgical Treatment.—This is the treatment par excellence and is divided into two classes, viz.: Abdominal section before rupture of gravid tube, and abdominal section after rupture of gravid tube. The first is very seldom done as you cannot get patient's consent for such an operation without there is "something doing." The second class is the operation that we are called upon to do to save life of our patient, and if done in time the death-rate hardly ever exceeds 20 per cent. Under this head I will give you a report of a case that we had and operated on at the Bluitt Sanitarium:—Patient ordinarily healthy; occupation, school teacher; was suddenly seized with cramps at her post, and physician summoned; temporary relief given and ambulance carried patient home. On close examination at home, physicians diagnosed rupture of gravid tube and advised immediate operation. Patient nor relatives would consent and she was slowly sinking. With all skill known, remedies stopped the most alarming symptoms, and patient thought she was recovering. The third day temperature went up and the physician took the bull by the horns, and as

the "sweet chariot was swinging low," the patient and relatives consented for operation. On opening the abdominal cavity, the dark blood had completely filled the coelum; this was mopped out and the seat of rupture ligated and sutured. Everything was done that modern surgery could do, but as the red lantern had already been hung out from septic hemorrhagic infarct, there was nothing to expect only the self-vindication that one gets when his diagnosis is plainly confirmed.

In concluding this paper, it would not be complete without reporting a case that was the most interesting of all the ectopic cases I have ever seen. A small multipara took suddenly ill and her physician diagnosed rupture of gestation sac and advised immediate operation, which was without reluctance consented to. On opening the abdomen, there was not the general extravasated blood and clots that was found in the previous case, but instead in the folds of the broad ligament on the left, there was a large dark mass. On puncturing this sack dark blood oozed out and later a fluid, then next came rushing up a foot of a foetus, about $3\frac{1}{2}$ months with its chord and fragments of placenta, which had peeled off from its seat in the fallopian tube. Foetus, tube, ovary and gestation sac, all removed, and patient made an uneventful and rapid recovery. Today she is again pregnant and in six weeks her physician tells me he expects her to be under his care for what he hopes will be a normal confinement.

Gentlemen of the profession, after your diagnosis for ectopic is made, and rupture takes place, if you will operate at once, the chances are

that you will help to hold up the 80 per cent. ratio of recoveries that your books tell you of in the operative cases of Extra-Uterine Gestation.

Chronic Gonorrhoea

By PETER F. GHEE, M. D.

The profession at large is at last yielding to the conviction that the long-lived, subtle gonococcus is by far a more potent depopulator than the insidious cause of syphilis. That gonorrhoea is a greater menace to the body politic, is a generally admitted fact. The popular impression of the relative character of the two diseases has been greatly changed within the last few years. It has been stated that when we consider the vast range of pathological conditions which gonorrhoea may cause or lead to, it is one of the most formidable and far-reaching infections by which the human race is attacked. A review of the literature on gonorrhoea shows that there is not a single organ in the body which at one time or another may not be attacked by this infection. When we add to this the indirect effect of gonococcaine, the disease under consideration takes on a most serious aspect. Its very commonness makes it the more dangerous.

Should we think of chronic gonorrhoea as being centered anywhere it would undoubtedly be in the prostate. The position of the prostate gland with its numerous ducts emptying

directly into the posterior urethra gives a most favorable site for the lodgment and growth of the gonococcus. It is considered that chronic gonorrhoea and chronic gonorrhoeal prostatitis are practically synonymous terms. You are sure to find in a rebellious intractable gonorrhoea in the male, in the absence of stricture after diligent search, a more or less serious involvement of the prostate and its adnexia. The more this fact is appreciated the better we are prepared to make the proper diagnosis and treatment of most of the ills, if not all, that follow in the wake of chronic gonorrhoeal inflammation.

We are all quite familiar with the ever-present morning drop that persists in spite of wind or weather; in fact with all the rest of the train of symptoms that go to make up the picture: increased frequency of urination, frequent outbreaks of the old discharge, reflex pains extending to various parts of the body, seminal emissions, and premature ejaculation; and the many other symptoms that may be called to mind with these symptoms, though complex, following chronic gonorrhoea. And do they not indicate that the inflamma-

tion is centered in the prostate and its adnexia from which the deadly enemy may at any time come or go forth to do its deadly work?

If this fact were more widely appreciated by the profession, would not our treatment of gonorrhoea be far more successful, and the results more satisfactory than heretofore? Another important feature of chronic gonorrhoea of the prostate is to be found in the consideration of impotence and sterility in the male; the more we study this feature the more convinced we are that gonorrhoea is the most frequent and important cause of impotence and sterility in the male. It is considered that in cases of unfruitful marriage the husband is the sterile member in about one case in six. Brothers examined 72 husbands of childless women and found that fifty were responsible for the sterility. If we look for the cause of this sterility, in practically every case, with rare exception, we find an old double epididymitis or an uncured chronic gonorrhoea of the prostate. It is claimed that this chronic inflammation of the prostate, and visiculae, leads to deterioration and change in the constituent character of the prostatic and visicular secretion, which is associated with partial occlusion of the common ejaculatory ducts, all of which tend to destroy the fecundating power of the spermatozoa.

There is generally associated with these cases of sterility a true impotence, patients suffering from poor or utter absence of erectile power, or there is a premature ejaculation

of semen. The patient is extremely miserable and the family tie imperiled. There is generally in these cases, a long standing chronic inflammation of the prostate and vesicles, far more often than not of gonorrhoeal origin. Are not these cases amenable to proper treatment or prevention?

In thinking of the relationship between chronic gonorrhoea, and the hypertrophy of the prostate so often seen in the aged, causing them untold pain and misery, we are convinced that this enlarged prostate is due very largely, at least, to a chronic inflammation, which is generally accepted as nothing more nor less than chronic gonorrhoea.

To my mind one of the most serious consequences, if not the most serious consequence, that lie in the wake of chronic gonorrhoea is the dire results of gonorrhoeal infection of women. We are all quite familiar with these results. We see them in acute inflammation of the young bride, who has been infected by the happy husband, suffering from chronic gonorrhoea supposed to have been cured. We see them in the inflamed tubes of long standing, which is the cause of great agony and misery to a faithful wife. It is here that gonorrhoea seems to have the greatest chance to carry on its work of distress, for as a rule men do not marry while their gonorrhoea is in the acute or sub-acute stage, but how many go to the trouble of having themselves examined to see if they are perfectly well and fit to marry? How many seriously consider the danger of infecting their wives? How many

enter the married life, while enduring the constant companionship of chronic gonorrhoea, with its ever present morning drop? We do not know, but we do know too many—remembering the life-long misery this little drop may cause to the innocent wife, when it contains gonococci, and that it is a silent yet eloquent witness of the uncured chronic gonorrhoea. Should we not then be more careful and persistent with our treatment of gonorrhoea? We have in gynecological practice a constant reminder of chronic gonorrhoea. It is stated that in 1,000 abdominal sections for pelvic inflammation 95 per cent. were attributed to gonorrhoea. There are few of us who have not been impressed with the sad state in which these patients find themselves, even though the operations are considered surgically successful. Let us dwell for a moment on that most heart rending of human tragedies—blindness in the newly born. The best statistics upon the cause of blindness in adults show that from 26 to 30 per cent. of such cases are due to ophthalmia in the newly born. These infants are generally infected during labor, which proves that there was a pre-existing gonorrhoea. It is stated that there are between 5,000 and 6,000 blind in the United States, and of these blind persons, the percentage of blindness due to ophthalmia neonatorum varies from 15 to 50 per cent. Is not this a sufficient and urgent call to us to do all we can to prevent and cure gonorrhoea in the male or female, whether acute or chronic?

I hesitate to go over the different methods of treatment, which are so well known. To my mind the best treatment in chronic gonorrhoea is the preventative treatment, and this in a general way includes the whole subject of the prevention of venereal diseases, which is a subject too vast for this paper. The more we study chronic gonorrhoea the more convinced we are that there are no drugs known at the present time tolerant to the urethra, which possess the power of penetrating the mucous membrane and the glands and ducts communicating therewith to a sufficient degree to destroy all the gonococci. The prevention then should and must be our aim. Realizing our responsibility we must advise greater chastity upon our young men, stating the case to them plainly and frankly. Let no one go away with the idea that he has nothing worse than a bad cold, nor that this is only one of the stepping stones to manhood. We must warn that illicit intercourse sooner or later brings to him the dreaded effects of chronic gonorrhoea, the end of which may not be known. I wish to emphasize that prophylaxis of venereal disease belongs just as much to the physician, as the aetiology, the diagnosis and treatment. Has it not been left to the moralist, the clergyman and reformer, too long? As soon as we take up this question from a purely medical point of view, we may hope to have it as much under control as the prophylaxis of other infective disease.

You will pardon me if I call special

attention to ophthalmia neonatorum. I do so because of its serious results, because treatment is of great avail and lack of treatment fatal. I fear there are physicians, who at times treat ophthalmia neonatorum slightly by prescribing a simple boracic acid solution to be used by the nurse or mother, or they may advise the mother's milk to be used at intervals, without taking the time or pains to elicit the real trouble.

The treatment may be divided into prophylactic and curative, prophylaxis is of the utmost importance. It consists of the thorough cleansing out of the parturient tract in a suspected case, with a solution of potassium permanganate or some other antiseptic, not forgetting that strong solutions may injure the eyes of the new-born babe. It is a good method to take care of the baby's eyes as soon after birth as possible, say before the cord is tied, by cleansing them with a piece of dry gauze, followed immediately by cleansing of the eye lids and adjacent parts with a piece of gauze wet with boracic acid solution. The nurse, after the cord is tied, should again carefully cleanse the region about the eye, being careful not to rub anything in the conjunctival sac. Then the conjunctival sac should be thoroughly flushed out with boracic acid solution, gr. x to the oz., and in very suspicious cases one drop of a two per cent. solution of silver nitrate should be instilled into the lower conjunctival sac. When necessary this can be neutralized with normal salt solution. It is necessary to warn

mother and attendants of the contagiousness of the disease and to destroy all gauze used in cleansing the eye. It is a fact that in spite of care at the birth and the use of the Crede method, infection may take place later from the nurse's or mother's fingers or soiled clothes, which makes it necessary to resort to the curative treatment. This briefly consists in (1) thorough cleansing, (2) silver nitrate, (3) compresses, cold and hot; (4) solution of organic silver, and atropin if the cornea is affected.

It is manifestly our urgent duty as members of the medical profession to use every means in our power to extend among the laity of all classes, and especially among the very ignorant in whose families the disease is met with most frequently, a knowledge of its dangers, and especially of the danger of ophthalmia neonatorum to the eyes of the new-born infants, and to rid them of the idea that it is merely a simple cold in the eye, and prevent their resorting to useless manifold household remedies.

DISCUSSION ON DR. GHEE'S PAPER (CHRONIC GONORRHOEA) BY DR. CANNON

"I wish to compliment Dr. Ghee for the very interesting paper which he has presented to us. It is well that he calls our attention to the importance of adopting methods to prevent the spread of this disease. Chronic gonorrhoea is one of the most serious and far reaching in its effects, of any of the diseases with which the physician has to deal. It is also one of the most common. Most of the inflammatory conditions of the pelvic viscera of the female,

are due to infection from this source. Innocent married women often suffer from such conditions because of the 'sins' of their husbands in their 'youth.' The laity as a whole regard this disease too lightly, and the physician should do all he

can to impress the serious nature of the disease upon the patient. The patient should be made to realize that for the sake of his own health and the health of others, treatment should be persisted in until a cure is effected."

Treatment of Hemorrhoids

By JOHN A. KENNEY, M. D., *Tuskegee Institute, Ala.*

REPORT OF CASES

Of the thirty feet of Alimentary Canal, there is no part of it which suffers more pathology than the last two inches. Of the many cases afflicting this region, hemorrhoids doubtless lead in the frequency of occurrence. The methods of treatment are almost as many as the "sands of the sea." Every practitioner has his method and the literature of the profession is flooded with suggestions. Some good, some useful to a limited extent, some worthless, and some positively harmful. To that end I would here venture a word of caution concerning accepting unreservedly the methods of treatment given in even high-class literature, from authors of whom we know nothing. This sometimes leads to trouble. The safest rule is to use no new method of treatment, unless you are satisfied that it is at least harmless, except you see it in the leading text books and standard medical works, or that you know something of the author and are willing to trust him.

One thing that we should bear in mind is that the average patient believes every affection of the anal and peri-rectal regions, from pruitus ani to epithelioma, to be piles. Hence, the majority go to the druggist and even to the physician with diagnosis already made, "an attack of piles," "bleeding piles," "itching piles," "blind piles," and simply ask for treatment. The druggist ever ready and anxious to relieve suffering humanity, and thus add another quarter to his daily income, obligingly steps to his stock case and hands the patient a box of "pile salve," "sure cure" or "healing balm," with instructions to "use according to directions," or else he prepares extemporaneously an ointment with directions to "apply locally." On the other hand the patient would fare little better if he reported to many physicians, except that he would have the satisfaction of having seen a physician and paid one dollar for the privilege, in addition to the quarter

which he is to pay the druggist for medicine. Sometimes the patients report to us so wise that they have not only made the diagnosis, but they come prescribing the remedy. Usually the druggist, and all too frequently the physician, falls in and simply does the patients' bidding. If we as druggists and physicians are honest with ourselves, and with each other, we must admit these things to be true to a great extent with ourselves or in our experiences.

I recall very vividly a case in which, in my early practice, I was caught similarly. A lady called me in and explained that she had suffered with piles for a long time, that different physicians had prescribed with varying results, and now she wished me to prescribe. Without further ado I proceeded to gratify her request, wrote a prescription for salve and aperient, with instructions as to use, diet, habit, hydrotherapy, etc. When this was used with little result, the prescription was repeated, and later changed to another with varying results. Finally the lady left for a summer's vacation in a distant Northern city and before the vacation was half over, she was so restless, nervous and irritated, and suffering so greatly that she cut short her summer's outing, returned home and sent for me, and all but demanded a local examination and relief. Placing the patient on the bed in latero-prone position, I proceeded first to make ocular examination of the parts and to my surprise found no trace of hemorrhoids, but a fissure in the posterior anal

commissure. By further examination, including digital exploration and inspection of the mucous membrane, I discovered no hemorrhoids, and therefore, the lady being intelligent, I made a clear breast of it and confessed a mistaken diagnosis; that she had no piles and proceeded to treat the fissure with an injection of a few drops of four per cent. aqueous solution of cocaine hydro-chlorate followed by an application of silver nitrate, twenty grains to the ounce—three applications at three days interval furnished complete relief. This was five years ago. I have had no further treatment of the patient for this condition. Recently I mentioned the matter to her, and she stated she had not been troubled since the treatment.

The lesson for the druggist in this case is to refer all such cases which come primarily to him, to the physician, and for the physician, to treat no case, without first making examination by whatever means necessary to satisfy himself of the nature of the conditions with which he must deal. To the younger physician I would say, do not let false modesty stand in the way of your professional duty. Neither should you fail to make such examinations because they are troublesome, and not so inviting as some other conditions. Sentiment should play no part. If your patient complained of symptoms of sprain or fracture of an extremity, you would not think of treatment without an examination.

The foregoing leads me to say that the first step in the treatment

cial and economic conditions throughout the whole country. There has been the visitation of no special epidemic, and the spirit of getting together along business and professional lines was never more evident in all of our history; particularly is this true with reference to our own state, to the mutual benefaction of professional men and laymen; and is a just cause for felicitation.

That our own people are getting homes and fostering business enterprises to a most successful and unusual degree, thereby learning the importance of co-operating in business is evident. In most cases, too, our own profession is taking the initiative in this important development, which is as it should be. That our profession in Alabama is worth considerably above a half million dollars in their own right is a most pleasant reflection.

It is incumbent upon every professional man to encourage the members of his own race to be thrifty, frugal and economic, to the end that we shall be mutually helped. The doctor is most always the first to feel the pangs of hard times and he should endeavor to preach sobriety, economy and right living among his clients if for no other reason than self-defense.

You will pardon this dissertation upon economics.

The objects set forth in our By-laws and Constitution, imply that the annual address shall be devoted to a discussion of the interests of the Association in all of its essential phases.

Fourteen years ago, in the city of

Eufaula, this organization first saw the light; our old friend, Dr. Sterrs, served as accoucheur. He likewise acted in the capacity of wet nurse, for a long time when several consultations by his colleagues gave a very grave prognosis as to the viability of the youngster. The said Sterrs and associates christened it The Alabama Medical, Dental and Pharmaceutical Congress. Later years saw the advisability of changing its name to The Alabama Medical, Dental and Pharmaceutical Association, which name it now answers to.

Like all good beginnings, it has had a more or less rugged sail on life's sea. Sometimes breakers have been encountered and the little bark has had to contend with mad waves of criticisms and the indifference of the profession has not been calculated to stimulate her to any large degree of activity. But it would argue from the presence of so many at this time that a brighter day is dawning; and ere long a landing in a more favorable port will be realized.

Each year finds new and substantial accessions to our ranks. The fact that elements of opposition have from time to time developed, is in line with the experience of all worthy enterprises. No worthy cause, however essential to the common weal, but has met with determined opposition. After years of toil we now number our professional men in this state by eighty-seven. Up to now we have scarcely an enrollment of thirty. In other words, approximately sixty per cent. are on

the outside of our ranks, I mean this organization. There is a reason for this numerical shortcoming. First, we have not learned the importance of organizing locally. So long as every fellow pulls to himself, and does not feel the necessity of co-operation; just so long will our state organization lag. Criticisms will not help the cause one whit, especially so on the part of the members of the profession.

Organization Co-operation must be the twin slogan. Everyone who would do well himself must, of necessity, be associated with his brother pharmacist, his brother dentist and his brother physician. In a word, we must learn to do what the white professional has done for the last hundred years, learn to co-operate.

Learn to exchange ideas and to talk about our cases, thereby becoming efficient diagnosticians.

Gentlemen, we may make money, this is well, but there is a higher indication in our calling. If I know of anything that will make me a better doctor, let me learn it. You cannot depend upon knowledge gotten while in school. If so, you will soon be behind the excitement. We are enlisted in a cause in matters of research, there is no let up in the hunt for knowledge.

GOOD MEDICAL LITERATURE

To stimulate research we must obtain good literature. No live physician, dentist or pharmacist can afford to be without two great journals which are within easy reach of us all. A few good up-to-date medical books,

with the National Medical Journal, edited by Drs. Kenney and Roman, and the official organ of the National Medical Association, and the Journal of the American Medical Association, constitute the foundation of an excellent library.

Drs. Kenney and Roman are giving us a real journal and we owe it to ourselves to encourage this enterprise by subscribing for it and availing ourselves of the rare opportunity. We shall hear more about this journal from the editors themselves during the session. We give it our unqualified endorsement.

We must qualify as a constituent of the National Medical Association. Alabama has been signally honored by our National body, in the secretaryship and the secretaryship of the Executive Committee. I refer to Dr. Kenney as Secretary and Dr. Sterrs as Committeeman. We must acknowledge this distinction in a practical way.

NO DEATHS

Providence has dealt kindly with our profession, in that we have experienced no break in our ranks by death. Our death-rate among the fraternity will hardly continue so low as it now registers. The insatiate tooth of time will soon make a showing and we will then experience a decimated rank hitherto unbroken. It behooves us all to make suitable preparations to this important and inevitable end by looking well to the security of dependent ones and committing to posterity the very best record possible in our life work.

Deaths and Diseases among our people, especially from consumption of the pulmonary type, is still very high in comparison with the white race.

STATISTICS

The only reliable information is to be obtained from the department of contagious diseases in the state. This record is only obtainable for the last nine months, that is, from January 1909 to October of the same year. Further back than this nothing of an authentic nature is obtainable, and we do not feel called upon to deal in generalities when so vital a proposition confronts us.

The population of this state numbers 2,214,050. Of this number 1,201,838 are white and 1,012,212 are colored. For the period just alluded to, 362 white people died from the effects of pulmonary tuberculosis and 670 colored people died from the same cause. Computing on the basis of ten thousand, we have in the white population three deaths to every ten thousand white people, and reckoning on the same basis ten thousand, we have six deaths in every ten thousand for the colored population. In other words, one hundred per centum more colored people die from pulmonary tuberculosis than do the whites. No matter what argument may be advanced in extenuation, these are cold facts and are accurate. In other forms of tuberculosis, the white race in matters of death-rate outnumber the colored, but say what you will, the colored race seems to have a corner on the pulmonary variety.

From Pellagra, we have the record of 22 deaths in the colored race and 20 deaths from the white race.

Hookworm is yet practically in the experimental stage and we have no reliable statistics to offer. We do urge the most searching inquiry into this malady and wish that we may go on record here as fully in accord with the investigations now in process. To this end we shall recommend that a commission be sent out from this Association whose investigations will go most fully into this and other scientific research. The same to report at our next annual meeting or sooner if the exigencies warrant.

OUR DISTINGUISHED VISITORS

The annual visitation of such distinguished men as Drs. Geo. C. Hall, C. V. Roman, A. M. Curtis, R. F. Boyd and G. W. Hubbard, and others whose names are written in the highest nich of scientific fame is just cause for our feeling a little chesty. We say, come all the time, gentlemen, if our coffers afforded we would make to your financial interest. But as we are not able, we pay you back in stacks of gratitude.

BY-LAWS AND CONSTITUTION

In the absence of available By-laws and Constitution, we have thought it wise to appoint a committee for this important work and accordingly, we have named Drs. Jno. A. Kenney, U. G. Mason and S. S. H. Washington as such a committee. They will make their report during our session. We are sadly in need of a guide commensurate with our growth and importance.

FINANCIAL

Our financial system seems also on the lag. We want a financial basis upon which to operate. It is an uncertain proposition to call upon the executive officers of the Association to finance in advance out of their own pockets. It is a bad system and tends to discredit the organization in the estimation of others to say nothing of our own chagrin and embarrassment.

It requires no small outlay to provide stationery and to do the correspondence in keeping with the dignity and tone of the organization which it demands. And too, the secretary should receive some compensation for his service, which to say the least when properly performed is exacting. I hope that we shall see to it that this matter receives the attention it deserves.

MINUTES

We must have the transactions of the Association published in some form that will serve the dual capacity of reflecting dignity of the organization and stimulating those who write papers to give the very best they have with the view of seeing them in cold type.

None of us can accurately read the future, but it would seem that we should be incorporated under the laws of Alabama. The reasons therefor seem self-evident.

The secretary should be provided with a seal.

We should adopt the Journal of the National Medical Association as our official organ.

We should take steps to divide the Association into sections, so as to secure the universal interest that it would seem impossible to enlist otherwise. Of course a working basis must be developed to the end that it would be practical.

In this connection and by way of parenthesis, let me urge that there ought to be some tangible steps taken to encourage the trained nurses of this state to organize for the purpose of mutual helpfulness and efficiency. This body should receive in some way encouragement at our hands to the end that they will be more fully in touch with us as professional men. We should let them know that their relations amount to more than the mechanical with us.

ETHICS

The adoption of definite laws for the guidance of the conduct of those who wish to be in friendly accord with others in their respective avocations and professions is made necessary by the perversity of human character, which runs, through every avenue of society of whatever grade. Men biased by one or another circumstance and environment, honestly reach widely different conclusions on many subjects. Our own relation is no exception to this general rule. The formation of such a code constitutes an essentiality? A written code for the guidance of our conduct is imperative.

Sad to acknowledge, but the laity looks upon our ethics as a sort of conspiracy, in order to delude them into an embarrassing attitude in relation

to us. We should in so far as possible, and it is possible, teach them that our code is our sacred law and by it we govern our conduct toward each other and through this method the public is protected as well as we are. Unfortunately, our professional rank has occasionally one who borders on the quack order, and aside from preying upon the incredulity of his client through the press exploiting his nefarious schemes without regard for his own conscience, or the reputation of his fellow practitioner, to say nothing of the poor fellow who trusts him implicitly and as a consequence, is fleeced. Not only so, but this same imposter loses no opportunity to make invidious distinction between himself and the honest doctor who places principle above everything and sees his practice slump for a season rather than employ questionable methods in order to ply successfully his honored profession. This restive and recalcitrant slough in our professional ranks must be discouraged, in so far as it is possible by raising our ideals to the level of Aesculapius.

CONCLUSION

I wish again to thank you for your indulgence and the honor of which I am the grateful recipient. I have thus endeavored to set forth as clear-

ly as I may, the views I hold respecting the functions of the Association. In this connection, I have endeavored to set forth some urgently needed regulations.

I have to acknowledge the helpful suggestions of many of the interested members, without which I confess to many more short comings.

We must say this parting word. That the history we write here and henceforth, let it be known of all men, that we are setting our faces like flint against every contagious disease and are willing to join hands with any agency which looks to the amelioration or eradication of it among our people.

To our efficient and faithful secretary do I owe much gratitude which I now express.

I wish to use the lines of Lord Bacon in closing this tiresome and over-long message, which you are good enough to bear: "These and the like points of duty, I forbear to enlarge; for the longer I have lived with you the shorter shall my speech be to you; knowing that you came so furnished and prepared with these good virtues as whatsoever I shall say cannot be new unto you, and therefore I will say no more unto you at this time but deliver to you your patent."



Prolonging Life

By C. V. ROMAN, M. D., Nashville, Tenn.

Dr. C. V. Roman, Prof. of Diseases of Eye, Ear, Nose and Throat in Meharry Medical College, being asked by a member of the Senior Class how the doctor might prolong his life gave the following answer at the close of the year's work for 1910:

DO YOU WISH TO RAISE YOUR OP-
SONIC INDEX—INCREASE YOUR
RESTING POWER

1. Above everything and in everything remember,

"There is a divinity that shapes our ends,

Rough-hew them how we may."

Let nothing shake your belief in the existence of a supreme being and your final accountability to him.

2. "Fret not thyself because of evil doers or them that seem to prosper in their way." Win or lose, do the right and believe with the poet,

"I can but trust that good will fall.
At last far off,
At last to all,
And every winter change to
spring."

"Who plays with God as man to man,
Will win at the turn of the game."

3. Be neither timid nor audacious, for the one shows the lack of confidence of power, and the other a lack of conscience or skill. But be serenely courageous, having fully prepared yourself to do the right—do it with confidence,

Be firm but not stubborn; confident but not opinionated; open to the truth, but not changeable; differential but not servile; seeking always the truth and doing always the right. Hesitate not to change your course when you find you are wrong.

"Seize on the truth where'er 'tis found,

Amongst your friends, amongst your foes,

On Christian or on heathen ground;

The flower's divine where'er it grows."

5. Remember that the mind alone is capable of perpetual youth and is the determining factor of our lives, whether they be happy or unhappy. It is not in the stars but in ourselves."

"Our lives are songs,
God writes the words,
We set them to music at pleasure,
And the song grows glad or sweet or sad,
As we choose to fashion the measure."

"Seek ye first the kingdom of God and his righteousness," is worldly wisdom as well as religious truth.

"As a man thinketh in his heart, so is he."

6. The body is the servant of the mind. A wise man will be kind to his servant. Do not abuse your bodies. Eat enough, but avoid glut-

tonness; sleep enough but avoid drowsiness. Don't be finiky or cranky, but be temperate in all things. Be chary of the alurements of John Barleycorn and the blandishments of Nicotina, the one is the roue without conscience and the other a hag without morals, both fond of destroying the character and usefulness of the young. No positive good has ever come to any one by associating with either of them. The best that can be said for them is that they have not robbed every one that trusted them.

7. "Cleanliness is next to Godliness," was written centuries before Asepsis was born. If men could thus recognize the truth, "Seeing through a glass darkly," what right has a doctor of the "twentieth century" to expect long life and health unless he takes every advantage that "aseptic tools and antiseptic rules" can afford to guard himself against contagion from without, an auto-infection from within?" SEMPER PARATUS must be the motto of the doctor who would live "until like ripe fruit he drops into his mother's lap." The daily bath is a life preserver.

8. Regularity is the balance wheel of a long life. A vehicle can travel further with less expenditure of energy on a smooth road than on a rough road. Habit is the great roadmaster of life's highway. If you will assiduously cultivate his company from your youth up he will gradually smooth your way until you will approach the hill of old age without a jolt—whence the descent into the

"Valley of Shadows" is so gentle and gradual that you will feel no chill when the Death Angel embraces you for the last cold kiss that awaits us all. Wouldst thou reach life's farthest border, take the path of Regular Duty. It often begins very rough but always grows smoother as we journey, until we fall asleep in a bower of roses to wake in the Vale of Paradise.

Finally cultivate a love for your work and seek to master it—to become one of the wise men of your profession. Do not forget the reward that Wisdom holds for her devotees, "length of days is in her right hand; and in her left hand riches and honor." Remember the pleasant things, forget the unpleasant. Love your friends, watch, not too closely, however, your enemies. Be careful in business. Be honest in trade. Work for much, hope for much, trust much, EXPECT little. Do you find the world bad? Put one good man in it. Do you find the world good? Do not mar that goodness by thrusting a bad man into it. If you do not get what you want, want what you get, and thus approach thy grave in peace

"Like one that wraps the drapery of his couch about him and lies down to pleasant dreams."

"Whosoever heareth these saying of mine, and doeth them, I will liken him unto a wise man, which built his house upon a rock. And a rain descended, and the floods came, and the winds blew, and beat upon that house; and it fell not: for it was founded upon a rock."

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

"Seeing Red"

Eugene Sue in his *Mysteries of Paris* describes a character possessed of a peculiar mental aberration. If he saw blood or the suggestion of blood, he would be seized with an irresistible desire to slay. He would lose all sense of proportion, obligation or sequence, and regard the whole world as a charnal house in which everybody was seeking to slay. The victim described his attacks as "seeing red." He was normal in every other way and could act rationally and reason intelligently on all subjects in which blood did not

enter. It mattered not, however, what the occasion or circumstance, the mention of blood would make him "see red."

This aptly describes the mental attitude of the average white Southron on the race question. Say Negro and the said white Southron, whether statesman, philosopher, political economist, sociologist, or ethnographer, at once loses his intellectual bearings. Passion supersedes judgment, prejudice usurps the throne of reason, and opinion subverts evidence. He turns a chronological somersault and completely ignores the discoveries and doctrines of the

Response to the Welcome Address

*By C. V. ROMAN, M. D., Nashville, Tenn.

To sit in such a presence and hear such a welcome is indeed inspiring:

"A hundred thoughts rush in a throng,
Pushing a hundred thoughts along."

I feel almost ready for the *nunc dimittis*—almost ready but not quite.

"I want to be an angel,
For this I hope and pray,
I want to be an angel:
But, of course, not right away."

"You may rail at this life,
But from the hour I began it,
I have found it a life of kindness and bliss.

And, until you can show me some happier planet,
More genial and bright, I'll content me with this."

"As long as this world has such looks and such eyes,
As round me this moment I see,
You may talk as you will of your mansions in skies,
But this is the world, friends, for you and for me."

Not only is this the world, but this the part and this the hour.

At our last annual session, when the question as to the next meeting place arose, I opposed coming to Boston for the same reason I objected to studying medicine in Paris—I did not understand the language. It takes long and careful training to prepare an adult who has been bred to speak English, to speak and understand French. So with Bostonese.

My first feeling, then, in response to your words of welcome, is one of

mingled surprise and gratitude—surprise that plain English should be so well known here; and gratitude to you for deciding to make English, instead of Bostonese, the language of this occasion.

Adaptability to environment is one of the commonest of natural phenomena, and you that dwell continually in the glittering effulgence of this magnificent city, have no idea how its kaleidoscopic and iridescent glories affect the vision of those who inhabit the darker regions, which lie more or less remote from this classic center.

Boston, big, boastful and beautiful: Boston, bright, breezy and bellicose: Boston, beany, biophagous and brainey: Boston, lean, learned and literary: Boston, that always takes her grammar straight, if her streets are crooked, and her morals occasionally bias: Boston, that believes in liberty for herself and the right to set the pace for the other fellow: Boston, where every citizen is an I specialist if not an oculist. City of the hub, if not the hubby: Great, glorious, grandiloquent, bulimic efflorescence of the pie district: But-tressed with pork and beans, pilastered with succulent pastry: polysyllabic, philosophical, patriotic, pulchritudinous, liberty-loving, bespectacled Boston: The cradle of liberty the mother of great men, the beacon-

*On behalf of the National Medical Association, Boston, Mass., 1909.

light of democracy, the traveler's boast, the patriot's pride, the glory of our past history, the hope for our future triumphs, the hub of the universe, "the fairest of ten thousand" and altogether lovely: *Esto perpetua!* May thy shadow never grow less and may thy guests always be as grateful as the one now addressing thee.

It is the custom of inexperience to demonstrate its wisdom at every opportunity. As this is my first trip to Boston I may be expected to show my limited knowledge of Bostonese. I give it as heard in the remote provinces. It must be genuine, because I obtained it from veracious travelers and honest newspapers. Knowledge from such rare sources ought to be reliable. The famous Dr. Johnson reached the form and force, if not the elegance, of pure Bostonese when, after examining a French bill-of-fare, he exclaimed in disgust, "Sir, My brain is obfuscated with the perusal of this heterogeneous conglomeration of bastard English, ill-spelt and a foreign tongue. Bid the rascals bring me a dish of hog's pudding, a slice or two from the upper cut of a well roasted sirloin and two apple dumplings."

A Western traveler passing along the streets of Boston was thus accosted by ten-year-old America: "Pedal extremities artistically illuminated for the infinitesimal remuneration of one twentieth of a dollar." Understanding only plain English, he failed to recognize this as Bostonese for the Western "Shine your shoes for five cents," and has-

tened to his hotel to avoid what he thought an impending assault.

I know not how the truth may be, I tell the tale as 'twas told to me.

But seriously, it is my pleasure and privilege on this occasion to speak for a body of intelligent and earnest men and women working industriously and unselfishly for the accomplishment of a definite purpose. This purpose is plainly stated on the cover of our journal.

"As comrades of a scattered band
As war against disease and death,
We meet to grasp the friendly hand
And reaffirm our common faith."

The National Medical Association finds its reason for being in American conditions and in the spirit of the twentieth century. It is the normal reaction to environment usually made by the winners in life's battles.

There be those who oppose our organization but their action is based on nescience and not upon knowledge. Their objections are constitutional, rather than philosophical. I saw a beautiful meadow in which flourished every kind of grass that would please the taste and nourish the bodies of the herbivorous world. Here and there grew a bunch of thistles. Among the numerous inhabitants I noticed one eating the thistles instead of the grass. He did that for constitutional reasons. A near poet thusly sings—

An animal in a grassy field,
Ate thistles instead of grass:
His reasons were constitutional,
For he was but an --- --a donkey.

Now the donkey body is always associated with a donkey mind, but the donkey mind is often found in other animals. The class *Dimana Genus Homo*, for instance. This fact explains many otherwise inexplicable things.

Our association aims to vitalize the wisdom of a Boston philosopher, who said, "Let us suck the sweetness of those affections and consuetudes that grow near us."

Mounting a borrowed Pegasus, I declare unto you, that

"Unaffrighted by the forces around us,
Undistracted by the sights we see,
We demand that the things about us
Yield us sweet utility:

For, self-poised we'll live, nor pine
with nothing
All the fever of some differing soul,
Bounded by ourselves, and unregardful
In what state God's other works may be
In our own tasks all our powers pouring
And thus attain the mighty life to be.
We are resolved to be ourselves,
knowing well, that he
Who finds himself, losses his misery."

On behalf of the National Medical Association I accept with sincerest gratitude your words of welcome and assure you that it is our desire to so act that these days of gracious hospitality on your part may be to you a pleasant memory forever and aye.

The Relationship That Should Exist Between Physician and Pharmacist

**By F. W. RAGLAN, A. B., Ph. G.*

There is a growing tendency on the part of both physician and pharmacist to criticise the other, and at times the criticism is just, when looked at from each individual side.

At the same time there is coupled with this growing tendency one very interesting development, namely, the "get together movement." This indeed is a gratifying step.

It is not considered good ethics for a physician to call upon a patient, diagnose, prescribe and dispense. At least this is the pharmacists view of the situation. The physician's duty should end with the diagnosing and

prescribing (and of course if a physician is desirous of good results he will notice the medicine sent to see if it is what he ordered).

If this practice was carried out more, then real pharmacy would come into play.

In this age of mad experimentation, pharmacy as a profession is fast becoming a lost art and a hand-me-down vocation. Too many physicians are either too lazy or not fully qualified to write a prescription; they are always ready and willing to accept ready-made preparations.

It would be much better for both

*Read at meeting of Alabama Medical, Dental and Pharmaceutical Association, March 23-25, 1909.

professions if the physician didn't know of these ready-made preparations and instead would write out his prescriptions in detail; he would soon find out that it would be more satisfactory to all concerned. The base or vehicle of our elixirs, etc., may be pleasant to one patient and very distasteful to another. Then let the physician determine what is most acceptable and trust to the pharmacist to make the combination extemporaneously. Most any of the proprietary articles so much called for by the physician, could be made by the pharmacist, and the same or better results obtained. In such cases the doctor can know absolutely what he is getting. In many cases the proprietary called for is absolutely worthless because of age and exposure. It must be remembered that seldom does a doctor call for the full amount of any proprietary prescribed. This causes the pharmacist to break a package in order to get amount needed, the balance is thus set aside awaiting another call, which may be some months, and with the best of care, this article will deteriorate, entailing a loss to the druggist, and if used it is absolutely of no medical value to the patient. It does therefore seem that if we advocated the writing of prescriptions in detail, instead of pushing and building up these ready-made things, the pharmacist would be able to practice his art and profession more in accordance with the teachings of our Colleges of Pharmacy.

On the other hand, we as phar-

macists must not expect the physician to correct and bring about this right relationship by himself. We too are to blame for much of the evil tendency existing. In the first place there are not enough educated pharmacists. I mean by this, men who have equipped themselves for the profession, men who know drugs, their action, dosage, etc. We have an overflow of soda water dispensers, cigar and soap sellers. Any man can go into a store, read the many so-called "cures" of a patent medicine and recommend and sell it, but this class of men are not pharmacists, and in order to raise pharmacy where it should be we must help weed this class out of the profession.

No doctor wants to send a prescription to a drug store where such men are to guess at it, and oftentimes substitute, label and send out for his patient to take. This fact alone has caused many doctors to write for patent and proprietary medicines, thinking to make sure of getting what they called for. Many a physician has been forced to dispense in his own private office or send to a white drug store much that he would have given to a colored druggist simply because he did not have faith in the store operated by a member of his own race.

Again, physicians complain of the Prescribing Druggist, but if we so equip ourselves that the physicians will have faith in us, may be this "so-called evil" will stop. Because if we get the work, it will not be necessary.

We need to get together, teach the general public the difference between a medical and pharmaceutical quack, get them to give the quack a wide berth and patronize the educated and honest prescribers and dispensers of drugs. The general public must be taught to steer clear of cheap pharmacists, because with a moment's thought and a little knowledge of drugs, they can readily see that they must be using an inferior quality, substituting, or else they could not dispense for the price that they so often do. If the public was fully conscious of the exact state of things; if they would recognize more fully that on the druggists' knowledge or ignorance depends whether they shall live or die, I am sure that the present state of affairs would not be.

Let the physician and pharmacist come into closer relationship with each other, work for the good of

each other and all concerned will be better off. Let the physician and the pharmacist stop knocking each other. Let each one boost the other and in this way we can educate the public to support us better.

With all due respect to physicians, there are too many of them who are willing to sacrifice a good pharmacist for one who knows little about the profession, simply because he passes out a cheap cigar for each prescription sent by the doctor and in the majority of cases the druggist will charge, and oftentimes he is forced to do it, more than the prescription is worth in order not to be loser. Many a drug store has been wrecked by this practice. Such practice should cease, let each profession stand on its own merit. Let the two work together for the good of all concerned and this right relationship will come.

“Teleological Therapeutics: The Physicians Aim”

**By A. J. KING, A. B., M. D., Vice-President of the Society, Indianapolis, Ind.*

Nature is exact in her operations, ever active, and tending to the ultimate fulfillment of her purpose.

The science which is effective succeeds only in so far as it applies a more concrete or concentrated array of nature's forces to the resistance. Yet, in the long run, as a finality, those silent forces which are hers

must triumph. “The mills of the gods grind slowly, yet they grind exceeding fine,” is the pagan conception of nature's power.

The term therapeutics refers to remedial forces which set right the bodily functions when perverted and guards them against perversion. There are in nature and in human na-

*A paper read before the “Aesculapian Medical Society” of Indianapolis, Ind., Mar. 16, '10

ture, teleological forces which, being active, tend always to right the course of the universe and all vital forces. These forces are anabolic and catabolic; one builds, the other destroys. Maintain the balance between these forces then the organs and tissues of the body functionate normally: this mechanism is a physiological process which we call health, but overthrow the balance as when catabolism is the more active; the result is physiology run mad which is disease. Those forces which hold the balance and which are brought to bear successfully when perverted are teleological. The physician must employ hygiene, prophylaxis and drugs to secure his aim, viz.: the health of the individual.

Teleology looks alike to the primary cause and to the ultimate end: hence teleological therapeutics compasses the span of life-forces and their finality. Pflüger in his "Physiologic Archives" uses the term to mean "purposeful." He lays down this law—"The cause of an injury tends to remove itself," e. g.: A foreign substance gets into the eye: a set of sensations go to the optic center and from it an impulse is sent back causing the tears to flow and the mote is removed. By analyzing this example we arrive at the basis of a therapeutic act, within the body which sets forth the teleological law. Here the natural function is interrupted by the presence of the mote, nature applies the remedy—tears, and the balance is restored. Such purposeful therapeutics existing within the organism is suited to the finality

of existence. The complexity of such acts ascends as the organism develops greater unity and differentiation of mechanism in the body unit. The lowest organism or body unit is fastened to a rock. Now if you change its environment by removing the rock, the organism, unable to readjust itself, must die or exist by the new fixed relation.

Ascend a step higher in Biology and consider the earth-worm; cut it into parts. The severed part will develop new centers of motion and move on; but if you cut off so much of a dog, the animal is "done for." So, though there is greater diversity of parts in the dog, yet there is also greater unity of all the parts. Following the Biologic rule, in proportion as there is diversity and unity, there is greater therapeutic activity within the body-unit. We know if a bullet lodge in the flesh, at some inaccessible non-vital point, there is formed a blood clot, then fibrous tissue which encysts it or a slough which casts it off. Noxious substances in a wound, as bacteria or vicious fluids, set up by their very presence sensations which call forth impulses which dispatch the leucocytes and white blood-corpuscles; these encyst and devour such bacteria or waste. The toxins produced by the germs of some diseases, e. g.: variola, set up changes in the blood-stream which establish immunity. So, too, all natural functions; respiration, digestion and assimilation, the excretions and secretions, the expulsion of waste material, the mechanism of labor, even pain itself are therapeutic agencies which na-

ture employs in the body to maintain health. Hence we see that nature is pregnant with purposeful means to keep the vital forces intact that the slightest indiscretion records its warning and gets its aid. Yet, when the catabolic is greater than the anabolic, the rebuttal less than the assault, the result is nature blocked.

Armed with the knowledge of modern science the physician approaches his duty and applies the remedial agency which his equipment assures. He no longer relies on the "*vis medicatrix naturae*," for nature, he knows, is blocked. He no longer administers the placebo from ignorance of diagnosis; he goes straight to the combat with the precision improved *Materia Medica* affords. Teleological therapeutics is the enemy of "nihilism" on the one hand, and a foe to empiricism on the other; its aim is to combat disordered vital functions by overthrowing active pathogenic processes by applied science, and thus enable the physician to intervene effectively during the formative period, and also when disease is developed, and so speed the patient back to a state of health. The field of vision of the physician has been widened by modern scientific advance. We owe much to Pasteur, the beacon light, who led up from the foot hills of empiricism into a clearer horizon of teleological therapy. He it was who demonstrated in general biology the part which bacteria plays in both physiological and pathological processes in the wider drama of evolution. He gave to the chemists a new theory of

fermentation which has been worked out, and which has suggested many lessons in etiology to the physician. His bold experiments in preventive and curative inoculation broadened the field of prophylaxis. He is father of the antitoxin treatment as developed by Roux. Lister acknowledges that he (Pasteur) gave the surgeon a stable foundation for antiseptic treatment. He forced the use of the microscope on brewers and distillers and thereby laid the foundation for the now much wider use of that instrument. In hygiene, on the subjects of water supply and drainage, his suggestions have proven invaluable, and in this last he is second possibly only to the great Metchnikoff.

With the microscope Koch learned and taught many lessons making plain the morphology and effect of bacteria: so we now know the incubation period, life history and fermentive reaction of bacteria which are the sources of many diseases; and we can by aid of this knowledge combat their action with a therapy so exact that their ravages are nil. By this knowledge etiologic factors, furnished by the bacteriologists, the mortality has been lowered, epidemics cut short and human comfort enhanced.

The pharmacopea has been revised and improved, the dosage worked out to a nicety—sufficient only to produce the desired effect. A school of thinkers, going back to Burggraeve and re-enforced by the American Alkalomatrists with active principles, are forcing precision by specific medi-

cation in modern practice. Possessed by this broad field of knowledge witness the precision, the teleological therapeutics, if you please, applied in the Japanese army in the Russo-Japanese war. Who can estimate the value derived from the work of such men as Pasteur, Koch, Burggraeve, Kitisatto and the rest, in the amount of good done for humanity and the medical profession in therapeutic handling of disease?

Hence, I conclude, nature's ever present forces, freighted with remedial power work through the body-unit to the prevention and eradication of disease so long as the vital or metabolic force is equal to or greater than the catabolic. Modern science has placed at the disposal of the physi-

cian accurate knowledge by which rational therapeutics may be applied. And it is our duty to secure for man such good health as shall bear him in his course to the goal of life's close when he shall sleep into death; the cycle of life completed. This is our aim if true to our profession. For this is the true Euthanasia the sequela to life.

It is descent by oblivious trance into oblivion, painless, natural, physical death. To secure this is possible for the physician through applied teleological therapy; and when so accomplished nature will draw the curtain so gently that the patient, in the language of a distinguished divine when dying, will exclaim—"If this be death there is no valley."

Annual Address

**By President D. H. G. SCOTT, M. D., Montgomery, Ala.*

I wish to extend to you cordial greetings and to thank you for your presence and manifest interest in our annual meeting, which I take as a good omen, a cheerful response to duty's call. Such a response is incumbent upon us all, upon every member of our beloved profession.

I wish to thank you most sincerely for the honor and confidence expressed in my election, to preside over your deliberations. Surely no one could covet a higher compliment. My predecessors in office have been men of excellent equipment, who have wrought well, and

are truly representative of the highest ideal, the goal toward which all of us are striving, not only in matters professional but in all things high and noble.

Thus you have imposed upon me a duty and responsibility which I reluctantly accepted because of a consciousness of my own short comings to fill the measure of its exactions. I beg your indulgence.

The fourteenth year of our sojourn has just closed. It has been one characterized by a more uniformity of prosperity and with adjustment of hitherto unsettled finan-

*Before Alabama Medical, Dental and Pharmaceutical Association, March 23, 1910.

cial and economic conditions throughout the whole country. There has been the visitation of no special epidemic, and the spirit of getting together along business and professional lines was never more evident in all of our history; particularly is this true with reference to our own state, to the mutual benefaction of professional men and laymen; and is a just cause for felicitation.

That our own people are getting homes and fostering business enterprises to a most successful and unusual degree, thereby learning the importance of co-operating in business is evident. In most cases, too, our own profession is taking the initiative in this important development, which is as it should be. That our profession in Alabama is worth considerably above a half million dollars in their own right is a most pleasant reflection.

It is incumbent upon every professional man to encourage the members of his own race to be thrifty, frugal and economic, to the end that we shall be mutually helped. The doctor is most always the first to feel the pangs of hard times and he should endeavor to preach sobriety, economy and right living among his clients if for no other reason than self-defense.

You will pardon this dissertation upon economics.

The objects set forth in our By-laws and Constitution, imply that the annual address shall be devoted to a discussion of the interests of the Association in all of its essential phases.

Fourteen years ago, in the city of

Eufaula, this organization first saw the light; our old friend, Dr. Sterrs, served as accoucheur. He likewise acted in the capacity of wet nurse, for a long time when several consultations by his colleagues gave a very grave prognosis as to the viability of the youngster. The said Sterrs and associates christened it The Alabama Medical, Dental and Pharmaceutical Congress. Later years saw the advisability of changing its name to The Alabama Medical, Dental and Pharmaceutical Association, which name it now answers to.

Like all good beginnings, it has had a more or less rugged sail on life's sea. Sometimes breakers have been encountered and the little bark has had to contend with mad waves of criticisms and the indifference of the profession has not been calculated to stimulate her to any large degree of activity. But it would argue from the presence of so many at this time that a brighter day is dawning; and ere long a landing in a more favorable port will be realized.

Each year finds new and substantial accessions to our ranks. The fact that elements of opposition have from time to time developed, is in line with the experience of all worthy enterprises. No worthy cause, however essential to the common weal, but has met with determined opposition. After years of toil we now number our professional men in this state by eighty-seven. Up to now we have scarcely an enrollment of thirty. In other words, approximately sixty per cent. are on

the outside of our ranks, I mean this organization. There is a reason for this numerical shortcoming. First, we have not learned the importance of organizing locally. So long as every fellow pulls to himself, and does not feel the necessity of co-operation; just so long will our state organization lag. Criticisms will not help the cause one whit, especially so on the part of the members of the profession.

Organization-Co-operation must be the twin slogan. Everyone who would do well himself must, of necessity, be associated with his brother pharmacist, his brother dentist and his brother physician. In a word, we must learn to do what the white professional has done for the last hundred years, learn to co-operate.

Learn to exchange ideas and to talk about our cases, thereby becoming efficient diagnosticians.

Gentlemen, we may make money, this is well, but there is a higher indication in our calling. If I know of anything that will make me a better doctor, let me learn it. You cannot depend upon knowledge gotten while in school. If so, you will soon be behind the excitement. We are enlisted in a cause in matters of research, there is no let up in the hunt for knowledge.

GOOD MEDICAL LITERATURE

To stimulate research we must obtain good literature. No live physician, dentist or pharmacist can afford to be without two great journals which are within easy reach of us all. A few good up-to-date medical books,

with the National Medical Journal, edited by Drs. Kenney and Roman, and the official organ of the National Medical Association, and the Journal of the American Medical Association, constitute the foundation of an excellent library.

Drs. Kenney and Roman are giving us a real journal and we owe it to ourselves to encourage this enterprise by subscribing for it and availing ourselves of the rare opportunity. We shall hear more about this journal from the editors themselves during the session. We give it our unqualified endorsement.

We must qualify as a constituent of the National Medical Association. Alabama has been signally honored by our National body, in the secretaryship and the secretaryship of the Executive Committee. I refer to Dr. Kenney as Secretary and Dr. Sterrs as Committeeman. We must acknowledge this distinction in a practical way.

NO DEATHS

Providence has dealt kindly with our profession, in that we have experienced no break in our ranks by death. Our death-rate among the fraternity will hardly continue so low as it now registers. The insatiate tooth of time will soon make a showing and we will then experience a decimated rank hitherto unbroken. It behooves us all to make suitable preparations to this important and inevitable end by looking well to the security of dependent ones and committing to posterity the very best record possible in our life work.

Deaths and Diseases among our people, especially from consumption of the pulmonary type, is still very high in comparison with the white race.

STATISTICS

The only reliable information is to be obtained from the department of contagious diseases in the state. This record is only obtainable for the last nine months, that is, from January 1909 to October of the same year. Further back than this nothing of an authentic nature is obtainable, and we do not feel called upon to deal in generalities when so vital a proposition confronts us.

The population of this state numbers 2,214,050. Of this number 1,201,838 are white and 1,012,212 are colored. For the period just alluded to, 362 white people died from the effects of pulmonary tuberculosis and 670 colored people died from the same cause. Computing on the basis of ten thousand, we have in the white population three deaths to every ten thousand white people, and reckoning on the same basis ten thousand, we have six deaths in every ten thousand for the colored population. In other words, one hundred per centum more colored people die from pulmonary tuberculosis than do the whites. No matter what argument may be advanced in extenuation, these are cold facts and are accurate. In other forms of tuberculosis, the white race in matters of death-rate outnumber the colored, but say what you will, the colored race seems to have a corner on the pulmonary variety.

From Pellagra, we have the record of 22 deaths in the colored race and 20 deaths from the white race.

Hookworm is yet practically in the experimental stage and we have no reliable statistics to offer. We do urge the most searching inquiry into this malady and wish that we may go on record here as fully in accord with the investigations now in process. To this end we shall recommend that a commission be sent out from this Association whose investigations will go most fully into this and other scientific research. The same to report at our next annual meeting or sooner if the exigencies warrant.

OUR DISTINGUISHED VISITORS

The annual visitation of such distinguished men as Drs. Geo. C. Hall, C. V. Roman, A. M. Curtis, R. F. Boyd and G. W. Hubbard, and others whose names are written in the highest nich of scientific fame is just cause for our feeling a little chesty. We say, come all the time, gentlemen, if our coffers afforded we would make to your financial interest. But as we are not able, we pay you back in stacks of gratitude.

BY-LAWS AND CONSTITUTION

In the absence of available By-laws and Constitution, we have thought it wise to appoint a committee for this important work and accordingly, we have named Drs. Jno. A. Kenney, U. G. Mason and S. S. H. Washington as such a committee. They will make their report during our session. We are sadly in need of a guide commensurate with our growth and importance.

FINANCIAL

Our financial system seems also on the lag. We want a financial basis upon which to operate. It is an uncertain proposition to call upon the executive officers of the Association to finance in advance out of their own pockets. It is a bad system and tends to discredit the organization in the estimation of others to say nothing of our own chagrin and embarrassment.

It requires no small outlay to provide stationery and to do the correspondence in keeping with the dignity and tone of the organization which it demands. And too, the secretary should receive some compensation for his service, which to say the least when properly performed is exacting. I hope that we shall see to it that this matter receives the attention it deserves.

MINUTES

We must have the transactions of the Association published in some form that will serve the dual capacity of reflecting dignity of the organization and stimulating those who write papers to give the very best they have with the view of seeing them in cold type.

None of us can accurately read the future, but it would seem that we should be incorporated under the laws of Alabama. The reasons therefor seem self-evident.

The secretary should be provided with a seal.

We should adopt the Journal of the National Medical Association as our official organ.

We should take steps to divide the Association into sections, so as to secure the universal interest that it would seem impossible to enlist otherwise. Of course a working basis must be developed to the end that it would be practical.

In this connection and by way of parenthesis, let me urge that there ought to be some tangible steps taken to encourage the trained nurses of this state to organize for the purpose of mutual helpfulness and efficiency. This body should receive in some way encouragement at our hands to the end that they will be more fully in touch with us as professional men. We should let them know that their relations amount to more than the mechanical with us.

ETHICS

The adoption of definite laws for the guidance of the conduct of those who wish to be in friendly accord with others in their respective avocations and professions is made necessary by the perversity of human character, which runs, through every avenue of society of whatever grade. Men biased by one or another circumstance and environment, honestly reach widely different conclusions on many subjects. Our own relation is no exception to this general rule. The formation of such a code constitutes an essentiality? A written code for the guidance of our conduct is imperative.

Sad to acknowledge, but the laity looks upon our ethics as a sort of conspiracy, in order to delude them into an embarrassing attitude in relation

to us. We should in so far as possible, and it is possible, teach them that our code is our sacred law and by it we govern our conduct toward each other and through this method the public is protected as well as we are. Unfortunately, our professional rank has occasionally one who borders on the quack order, and aside from preying upon the incredulity of his client through the press exploiting his nefarious schemes without regard for his own conscience, or the reputation of his fellow practitioner, to say nothing of the poor fellow who trusts him implicitly and as a consequence, is fleeced. Not only so, but this same imposter loses no opportunity to make invidious distinction between himself and the honest doctor who places principle above everything and sees his practice slump for a season rather than employ questionable methods in order to ply successfully his honored profession. This restive and recalcitrant slough in our professional ranks must be discouraged, in so far as it is possible by raising our ideals to the level of Aesculapius.

CONCLUSION

I wish again to thank you for your indulgence and the honor of which I am the grateful recipient. I have thus endeavored to set forth as clear-

ly as I may, the views I hold respecting the functions of the Association. In this connection, I have endeavored to set forth some urgently needed regulations.

I have to acknowledge the helpful suggestions of many of the interested members, without which I confess to many more short comings.

We must say this parting word. That the history we write here and henceforth, let it be known of all men, that we are setting our faces like flint against every contagious disease and are willing to join hands with any agency which looks to the amelioration or eradication of it among our people.

To our efficient and faithful secretary do I owe much gratitude which I now express.

I wish to use the lines of Lord Bacon in closing this tiresome and over-long message, which you are good enough to bear: "These and the like points of duty, I forbear to enlarge; for the longer I have lived with you the shorter shall my speech be to you; knowing that you came so furnished and prepared with these good virtues as whatsoever I shall say cannot be new unto you, and therefore I will say no more unto you at this time but deliver to you your patent."



Prolonging Life

By C. V. ROMAN, M. D., Nashville, Tenn.

Dr. C. V. Roman, Prof. of Diseases of Eye, Ear, Nose and Throat in Meharry Medical College, being asked by a member of the Senior Class how the doctor might prolong his life gave the following answer at the close of the year's work for 1910:

DO YOU WISH TO RAISE YOUR OP-
SONIC INDEX—INCREASE YOUR
RESTING POWER

1. Above everything and in everything remember,

"There is a divinity that shapes our ends,

Rough-hew them how we may."

Let nothing shake your belief in the existence of a supreme being and your final accountability to him.

2. "Fret not thyself because of evil doers or them that seem to prosper in their way." Win or lose, do the right and believe with the poet,

"I can but trust that good will fall.
At last far off,
At last to all,
And every winter change to spring."

"Who plays with God as man to man,
Will win at the turn of the game."

3. Be neither timid nor audacious, for the one shows the lack of confidence of power, and the other a lack of conscience or skill. But be serenely courageous, having fully prepared yourself to do the right—do it with confidence.

Be firm but not stubborn; confident but not opinionated; open to the truth, but not changeable; differential but not servile; seeking always the truth and doing always the right. Hesitate not to change your course when you find you are wrong.

"Seize on the truth where'er 'tis found,

Amongst your friends, amongst your foes,

On Christian or on heathen ground;

The flower's divine where'er it grows."

5. Remember that the mind alone is capable of perpetual youth and is the determining factor of our lives, whether they be happy or unhappy. It is not in the stars but in ourselves."

"Our lives are songs,
God writes the words,
We set them to music at pleasure,
And the song grows glad or sweet or sad,
As we choose to fashion the measure."

"Seek ye first the kingdom of God and his righteousness," is worldly wisdom as well as religious truth.

"As a man thinketh in his heart, so is he."

6. The body is the servant of the mind. A wise man will be kind to his servant. Do not abuse your bodies. Eat enough, but avoid glut-

tonness; sleep enough but avoid drowsiness. Don't be finiky or cranky, but be temperate in all things. Be chary of the alurements of John Barleycorn and the blandishments of Nicotina, the one is the roue without conscience and the other a hag without morals, both fond of destroying the character and usefulness of the young. No positive good has ever come to any one by associating with either of them. The best that can be said for them is that they have not robbed every one that trusted them.

7. "Cleanliness is next to Godliness," was written centuries before Asepsis was born. If men could thus recognize the truth, "Seeing through a glass darkly," what right has a doctor of the "twentieth century" to expect long life and health unless he takes every advantage that "aseptic tools and antiseptic rules" can afford to guard himself against contagion from without, an auto-infection from within?" SEMPER PARATUS must be the motto of the doctor who would live "until like ripe fruit he drops into his mother's lap." The daily bath is a life preserver.

8. Regularity is the balance wheel of a long life. A vehicle can travel further with less expenditure of energy on a smooth road than on a rough road. Habit is the great roadmaster of life's highway. If you will assiduously cultivate his company from your youth up he will gradually smooth your way until you will approach the hill of old age without a jolt—whence the descent into the

"Valley of Shadows" is so gentle and gradual that you will feel no chill when the Death Angel embraces you for the last cold kiss that awaits us all. Wouldst thou reach life's farthest border, take the path of Regular Duty. It often begins very rough but always grows smoother as we journey, until we fall asleep in a bower of roses to wake in the Vale of Paradise.

Finally cultivate a love for your work and seek to master it—to become one of the wise men of your profession. Do not forget the reward that Wisdom holds for her devotees, "length of days is in her right hand; and in her left hand riches and honor." Remember the pleasant things, forget the unpleasant. Love your friends, watch, not too closely, however, your enemies. Be careful in business. Be honest in trade. Work for much, hope for much, trust much, EXPECT little. Do you find the world bad? Put one good man in it. Do you find the world good? Do not mar that goodness by thrusting a bad man into it. If you do not get what you want, want what you get, and thus approach thy grave in peace

"Like one that wraps the drapery of his couch about him and lies down to pleasant dreams."

"Whosoever heareth these saying of mine, and doeth them, I will liken him unto a wise man, which built his house upon a rock. And a rain descended, and the floods came, and the winds blew, and beat upon that house; and it fell not: for it was founded upon a rock."

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

"Seeing Red"

Eugene Sue in his *Mysteries of Paris* describes a character possessed of a peculiar mental aberration. If he saw blood or the suggestion of blood, he would be seized with an irresistible desire to slay. He would lose all sense of proportion, obligation or sequence, and regard the whole world as a charnal house in which everybody was seeking to slay. The victim described his attacks as "seeing red." He was normal in every other way and could act rationally and reason intelligently on all subjects in which blood did not

enter. It mattered not, however, what the occasion or circumstance, the mention of blood would make him "see red."

This aptly describes the mental attitude of the average white Southron on the race question. Say Negro and the said white Southron, whether statesman, philosopher, political economist, sociologist, or ethnographer, at once loses his intellectual bearings. Passion supersedes judgment, prejudice usurps the throne of reason, and opinion subverts evidence. He turns a chronological somersault and completely ignores the discoveries and doctrines of the

last hundred years. Even the doctors, as a class the calmest and most catholic of men, are not exempt.

In the Journal of the A. M. A. (Vol. LIV. No. 11), Dr. Thomas W. Murrell of Richmond, Va., presents "A Medico-Sociologic Study" of "Syphilis and the Negro," which furnishes a classic illustration of this "dementia Americana," the symptomatology of which is distinctive and unvarying. The victim's writings always evince the following characteristics:

(a) The claim that the Negro's physical vigor of slavery days was a product of the genius of the master class—absolutely ignoring the fact that physical vigor was the inheritance from his savage ancestry and was preserved by the rigorous selection of those "agonizing cruel slavery days" when miscarriages precluded invalidism and the graveyard excluded the hospital.

(b) Nobody but the Southern white man knows anything about this question.

(c) Sweeping generalizations from a limited personal experience. Judging the diseases, morals, and future possibilities of the entire race by the patients treated in a public clinic, for instance.

(d) Stigmatizing as peculiar Negro vices, frailties that are universal and human. "Marriage is common among them and desertion is common." "A Negro man will not abstain from sexual intercourse if there is opportunity and there is no mechanical obstruction." (Why the word Negro in that sentence?)

(e) Statements that diverge so widely from the every-day facts that one does not know whether to question the writer's experience or his knowledge of the Commandments.

("Possibly HE has in some manner switched the decalogue to suit his convenience and has made himself exempt from the NINTH Commandment.")

"The general results of infection in the Negro are all physical. There never was a syphiliphobiatic in this race." (I have three under treatment now.)

(f) The contention that there is neither intelligence nor morality in the Negro. There may be a few individuals here and there that seem to possess these qualities but it is a mistake. They are either monstrosities or hypocrites "Morality among these people is almost a joke and only assumed as a matter of convenience or when there is a lack of desire and opportunity for indulgence." * * * * "Mentally he is grown, but with a curious mushroom growth, and, physically he is a mass of the crossed strains of civilization and barbarism."

It may be true that "Many of them are educated and property owners, men who are at the head of large banking and insurance institutions; successful ministers, teachers, physicians and lawyers. These men, though quite a respectable number, indicate a possibility rather than a promise. They are the triumphs of civilization in the individual and not a type of the possibilities, much less the probabilities, of the race."

This manifestation must always be looked into and studied closely by those who wish to become expert diagnosticians of Dementia Americana. Note carefully that it is the exact antithesis of reason and experience. The victim of this disease reasons that as black and white are opposite so "The knowledge of syphilis as affecting the Caucasian, however profound, will not give one an insight into the conditions confronting the Negro." He must therefore be very careful that in dealing with the Negro he gets exactly the opposite of what would be reasonable in dealing with the white man. To illustrate: To study Negro morality, studiously avoid any contact with Negro churches, lodges or homes, never talk to an educated Negro with the cordiality of brotherhood, but always assume a belligerent, actively antagonistic attitude or an air of patronizing condescension or at best a fatherly solicitude—in other words, treat the Negro either as a criminal or a child but never as a man. This is the way to get his confidence so that you will know his thoughts. Go to the brothels, saloons and gambling hells. Here you can form a correct estimate of the number of Negro virgins over eighteen years old and accurately calculate the "average age of defloration."

Of course among good people the healthy respectable single women have no occasion to have their genitalia examined to determine their virginity or period of defloration. It is only the sickly, the unfortunate, immoral, etc., that accept the dire

necessity of a genital examination, either in private office or public clinic. It is not the virgins over or under eighteen years that furnish the material for genito-urinary clinics. This is the common every-day experience of physicians the world over. The pathognomonic symptom of Dementia Americana is that in reasoning on the Negro question the victim takes the position antipodal to reason, fact and experience. When this disease is well understood, the writings of its victims become quite intelligible and this description is here given to establish the scientific value of Dr. Murrell's contribution to the Medico-Sociologic study of syphilis and the Negro.

"Since the world ought to know Southern conditions, the Southern man and doctor must write and that copiously." Yea, Verily! Poverty, disease and crime are not however, race problems, but human problems. So far as history goes, if any race is to be given pre-eminence in syphilis, the white man has undisputed title, for, while the origin of syphilis seems as undiscoverable as the name of the valiant antediluvian who first tasted an oyster, the white man stands out conspicuously as its preserver and its propagator.

The Hookworm Discussion

The history of medicine connotes the study of human nature—a profitable and illuminating study that is apt to prove fatal to our admiration for mankind. Man is not only the

wisest and wittiest of mundane creatures but also the meanest; and this meanness never gets lower than when man is dealing with man. The story of man's beginning may never be known with certainty, but the intuitions of religion, the traditions of history and the inferences of science point alike to man's struggles and his meanness. The story is unbroken from Adam in the Garden of Eden blaming his shortcomings on his wife to Marion Hamilton Carter in the (now) gilded tentacles of the "Vampire of the South," referring to Dr. Stile's investigation, seeking the etiology of disease in the shadows of race prejudice. It is a common manifestation of human meanness to look upon the other fellow as the source of one's woes. Medicine has been no exception. The French call syphilis the Russian disease and the English call it the French pock and so things proceed *ad infinitum*.

A bug has made the white man lazy and the Negro brought the bug here: ergo, the Negro is responsible for the laziness of the Southern white man.

Seriously, it does seem that there is a deal of sound and fury and very little fact in this Hookworm Discussion thus far.

Can't the readers of the Journal furnish the facts?

I do not believe the evidence thus far adduced will justify the verdict against the Negro. We should, however, do all in our power to instruct our people in personal hygiene and home sanitation.

Industrial Insurance

Industrial insurance has raised some difficult moral questions for the doctor. The rates are high and every inducement is held out to the prospective policy holder. Yet in many cases the policy is so hedged about with conditions as to practically rob the beneficiary. The need of the beneficiaries on one hand and the rapacity of the company on the other often render it difficult for the doctor to meet the demands of humanity and walk the path of duty. In fact, truth and justice seem sometimes to get in opposition to each other in these cases. Something is wrong.

A Great Opportunity

The coming meeting of the N. M. A. in Washington, D. C., presents a rare opportunity for the colored medical men, especially of the South to rejuvenate themselves and widen their professional horizon. The fate of the colored race is just now largely in the hands of the medical profession. Consultation is necessary. COME! Let every one that reads this come and bring some one else.

Jonnesco's Analgesia

There is nothing in Jonnesco's Analgesia Method that is particularly new, or that would justify a reversal of the verdict on Spinal Anaesthesia reached by the profession some years ago, viz.: it is a hazardous method of anaesthesia with a limited field of

usefulness. It is supplemental but not succedent to ether, chloroform, etc.

The New Idea

The reports that are being constantly received from various parts of the country, of the large number of public meetings held under the auspices of medical men, are indeed encouraging; and are surely an indication of a changed order of things, especially the attitude of the medical and allied professions to the public.

Most men (medical included) have held, and even at the present time too largely so, that the practice of medicine comprehended only the treatment of disease so far as the individual under consideration was concerned.

Such a conception is of course the embodiment of selfishness, and must necessarily minimize the importance of the profession and individualize its votaries.

These public meetings emphasize the awakening, a real Renaissance; they mean that medical men are realizing their true relation to the public. They have received, in the main, substantially of the world's goods from the public. Why not give in return to the public something more than momentary individual service?

If the present-day physician is to realize his real usefulness, he must do so; for the practice of medicine today comprehends not merely the preservation of the health of the in-

dividual, but in its broadest sense, the conservation of the health (including morals) of the community.

This broadened view can, of course, be appreciated and applied only by a broad, liberal and tolerant mind—a mind that realizes the deficiencies of self, the possibilities of effort, the worth of a contemporary and the uselessness of individualism.

N. M. A. Presidency

It is a source of much pleasure to us that the Presidency of the National Medical Association has come to be a much sought for office. For indeed we believe it to be an honor not to be spurned by any man to be chosen to preside over this large and growing body. At the same time we regret that politics finds a place in connection with its election. Some adverse criticism has been rendered by some of those who are not of our ranks, but are friendly disposed toward us, because of unnecessary time and space given to election of officers. We feel that the criticism is just, and some very active and potent steps should be taken to rid our Association of this condition. It occurs to us that one way in which this may be done is to elect a special board, known as the House of Delegates, or by whatever other name we may feel disposed to call it, whose duty it will be, to elect the president and other election officers. Their decision shall be final. This it seems to us will remove the election from the floor and will prevent great waste of time, which is spent in discussing

the election of officers, which should be spent in reading and discussing scientific papers, and also, measures for the advancement of the Association, and methods to prevent disease among the masses.

We offer this merely as a suggestion, and doubtless there are other members of the Association, who have other suggestions to make, which will be more practicable. At any rate we hope at the coming meeting of the Association something definite may be done along this line, to relieve us of the odium which now exists concerning the election of our officers.

Another idea which has gained unnecessary impression on the minds of many and which should be changed, is the belief that the Chairman of the Local Committee where the Association is held, must be elected the next President of the Organization. We have been with the Association ever since it took on its new life, since the year 1903, and have followed its work very closely and are sure that there is nothing that has been adopted by the Association to warrant this impression. It has just come, that is all. True, Chairmen of Local Committees have been elected Presidents of the Association. At times we have voted for such men, but it was not because they were Chairmen of the Local Committees, but because they proved that from previous service they were the men for the position. We feel that this idea has prevailed entirely too long. It has been mentioned and discussed at various times previous to this and previously in the

deliberations of the National Medical Association, but no definite official action has been taken along the line. A few years ago the Executive Committee attempted to get through a resolution pertaining to this matter, but it failed on the floor. We hope at the coming meeting that the Board will be able to agree on, and have passed a resolution bearing on this very important matter, which will settle once and for all this question.—J. A. K.

Special Commissions

The Executive Board of the National Medical Association, through its Chairman, Dr. G. E. Cannon, has named three Commissions to make study and report on the following diseases: Tuberculosis, Hookworm and Pellagra, at the next meeting of the Association which is to be held in Washington in August. The Commissions are made up as follows:

Tuberculosis Commission:—Drs. Marcus F. Wheatland, Chairman, Newport, R. I.; P. A. Johnson, New York, N. Y.; A. W. Williams, Chicago, Ill.; N. F. Mossell, Philadelphia, Pa.; W. T. Carr, Baltimore, Md.; Willis E. Sterrs, Decatur, Ala.; W. C. Gordon, Springfield, Ohio.

Hookworm Commission:—Dr. J. A. Kenney, Chairman, Tuskegee Institute, Ala.; Dr. Arthur Brown, Birmingham, Ala.; and Dr. G. N. Stoney, 416 8th Ave., Augusta, Ga.

Commission on Pellagra:—Dr. A. M. Townsend, Nashville, Tenn., Chairman; Dr. C. L. Wade, Hot

Springs, Ark.; Dr. J. E. Hunter, 118 Broadway, Lexington, Ky.

While studying these subjects in full the Commissions will pay especial attention to these diseases as they relate to the Negro. A great deal has been said and written concerning the Negro's relation to these conditions; especially Hookworm and Tuberculosis. Some seem to think and claim that the Negro has a monopoly on Tuberculosis, and is dispensing it to other races; that Tuberculosis in the Negro presents a problem distinct from tuberculosis in other races. This Commission will, among other things attempt to find out how much Tuberculosis there is in the race and its percentage as regards the amount in other races; also the peculiar, if any, susceptibility of the Negro to this disease and the best methods for its "relief and control."

One of the latest unsanitary burdens laid at the Negro's door is that he has brought Hookworm with him to this country from Africa. In his "Vampire of the South," published in the McClure's Magazine, October, 1909, Marion Hamilton Carter claims "That the Negroes brought it (the Hookworm) with them from Africa on the slave ships and it has remained with them ever since.

"How long the parasite was confined to the Negroes—the African slaves and their descendants who were affected—we have no means of knowing, but the poor whites seem to have begun picking it up more than a century ago.

"Ignorant of his own condition,

oblivious to the white man's common decencies, the Negro is thus the great reservoir and spreader of the Hookworm disease in the states that harbor him. Where he goes the Hookworm goes. The one real hope of curing the white man lies in curing the black man."

Peculiar conditions are these. The Negro took tuberculosis from the white man (as generally agreed by all investigators) and is now dealing it out to him, while he himself is from 2 to 2.50 times the greatest sufferer; also that he brought Hookworm to this country and gave it to the white man and he himself remains relatively immune to its ravages!

One of the objects of the Hookworm Commission is to find out just how far the Negro is infected with Hookworm; how great is his responsibility for the infection of the 2,000,000 poor whites in the South with the disease, and in the meantime to devise the best means for securing sanitary conditions among the Negroes not only in relation to Hookworm, but to Tuberculosis, dysentery, and other preventable diseases.

The Commission on Pellagra has also important duties before it. What is Pellagra? What is its etiology, and above all, what is the remedy? We are looking to this Commission to advise us whether or not we are to be Zeists or anti-Zeists—whether or not we may continue to eat our relished corn-bread.

The readers of the Journal are asked to assist these different Commissions by sending in to them any

information concerning these diseases or experiences which they may have had with the same.

J. A. K.

Committee on Medical Legislation

The Journal acknowledges the receipt of a communication from Dr. McDougald of Philadelphia, which shows that his failure to co-operate with the Chairman of the Committee on Education arose from difference of opinions as to policy and not to lack of interest or sympathy with the subject on Dr. McDougald's part. To that extent then the Chairman's report did Dr. McDougald an injustice. Dr. McDougald thinks that the Committee should not confine itself to the investigation of Negro colleges, and concludes as follows:

"If we hope to stand abreast with the advanced scientific organizations of this country, we must take a broad and progressive view of the general welfare of the community and help to solve the problems now confronting the profession in general. What do we think of a Central Board of Health empowered to give license to practice medicine throughout the states? What do we think of reciprocity between the states? What do we think of vaccination, vivi-section, quarantine? What have we to offer as a means of raising the standard of proficiency in the profession to which all schools of medicine must conform?

"How can we get the confidence and co-operation of the public in se-

curing such medical legislation as will be fair and helpful to all concerned? These are the questions I think our committee should consider. I differ with our Chairman on the duties of a Committee on Medical Education and Legislation."

As the Journal is in no wise responsible for the opinions expressed in papers read or reports made in the meetings of the Association, and is in duty bound to publish the proceedings, it is hoped that all parties interested will see the propriety of thus closing the incident as far as the columns of the Journal are concerned.

Prophylaxis

"An ounce of prevention is worth a pound of cure," is an old proverb containing a deal of wisdom. This is true medically and many other ways. As an illustration of its legal application the reader is referred to the Cullom bill and the cogent comment thereon by the American Journal of Clinical Medicine, which will be found below.

TROUBLE AHEAD FOR THE DISPENSING DOCTOR

In the February number of Clinical Medicine, as our readers will doubtless recall, we gave warning of the probability that a bill would be introduced in the present Congress which, while primarily designed to prevent traffic in habit-forming drugs, would be so framed as to put a quietus upon the dispensing doctor. It should be remembered that this was the apparent purpose of the notorious Mann bill which was exposed in these columns last year.

The new bill to which we referred was recently introduced in the United States Senate by Senator Shelby

M. Cullom of Illinois. As we stated in the February editorial, its apparent object is an entirely worthy one, having our fullest sympathy, namely, the curtailment of the drug-habits. We shall most heartily lend our influence, as we are sure every earnest physician will also, to the enactment of laws aiming to keep these drugs out of the hands of the layman, but we shall just as energetically oppose every effort to tie the hands of the physician, who alone is competent to decide as to whom and under what circumstances and at what times these valuable remedies should be administered. Certainly he of all men, should be free to obtain them from the sources of supply which seem to him best.

The bill, as introduced by Senator Cullom, provides that every person dealing in opium, morphine, cocoa leaves, cocaine, alpha- and beta-eucaine, chloral, cannabis, their salts, derivatives or preparations, whether importer, exporter, purchaser, pharmaceutical chemist or manufacturer, wholesale dealer or retailer, shall register with the Collector of Internal Revenue, paying him a special tax of \$10.00 per annum if manufacturer, jobber or dealer in these drugs in quantities, or \$1.00 per annum if a "retailer or distributor at retail."

In addition there shall be levied an internal revenue tax of one cent per ounce or fraction of an ounce upon these drugs, to be paid by the purchase of proper stamps to be affixed to every original package. This tax shall be paid but once on any given supply. Every person dealing in these drugs whether in large or small quantities, "shall keep such books, render such returns and give such bonds" as the Commissioner of Internal Revenue may prescribe.

The joker in this bill is Section IV, which reads as follows:

"That it shall be unlawful for any person to sell, or give away, in interstate commerce, any of the aforesaid drugs, or any of their salts, derivatives or preparations, to any person other than a person who has registered and paid the special tax as required by this act; but that nothing contained in this section shall apply to public hospitals or to scientific or public institutions."

The physician will note that no

provision whatever is made for him under the terms of this bill. His only source of supply is apparently to be the retail pharmacist, who, by the terms of this proposed law, is to be given an absolute monopoly of the distribution of these important drugs among the people who are supposed to need them.

Futhermore, it will not be easy for said retailer to secure his stocks, for how is the manufacturer or the jobber to know whether the former has taken out his license and paid his tax? If the latter sells to any distributor under the presumption that he has complied with the law he incurs the risk of a heavy fine and imprisonment.

It is not quite clear whether or not the physician is to be permitted to purchase these drugs for his own needs except from his local druggist, under any circumstances. There is a possibility that he might register under the law as a "distributor at retail," under the presumption that he sells or peddles out morphine or cocaine to people who have legitimate use for them; but this will depend entirely upon the interpretation put upon the law by the Commissioner of Internal Revenue, in whose hands are all the details pertaining to its enforcement. Every retailer or "distributor" is to be required to pay a tax of \$1.00 per annum and secure a Government license.

If the physician does not or can not take out such a special license he will be limited as to his supplies to the brands, quality of drug or form of preparation which the retailer (and in many localities there is only one retailer within a radius of many miles--and in some cases none) may be pleased to supply. He can not compel the retailer (usually a small tradesman of limited capital) to carry a stock of adequate size, variety and quality to meet his needs. He would also be compelled to pay whatever prices may be charged, being practically barred by law from resorting to other more or less remote but legitimate channels of competition. The penalties provided are very high: any person who violates the act, on conviction "shall be fined not less than \$500, and not more than \$5,000, and be imprisoned not less than one year nor more than five

years, or both, in the discretion of the Court."

Furthermore, according to Section VII it is considered *prima facie* evidence of guilt if the defendant is shown to have or have had in his possession the aforesaid drugs, salts, derivatives or preparations thereof, "unless the defendant shall explain the possession to the satisfaction of the jury." In other words, even though these drugs were not obtained through interstate commerce any meddlesome busybody who sees 100 morphine tablets or a few ounces of cocaine solution on the doctor's shelf may have him arrested, brought before a Federal Court (no matter how far from home) and tried for a criminal offense, threatened with a large fine and imprisonment, and the burden of proof as to his innocence will rest upon him.

Bills like these are undoubtedly but the expression of the determination on the part of a certain element of the drug trade to legislate the dispensing doctor and all those who supply him with his remedies entirely out of business, or at least to make the former dependent upon the retail drug trade for the remedies which he uses.

Within the last decade or two there has been a wonderful increase in the amount of dispensing among physicians. Today probably nearly 100,000 doctors dispense their own remedies in whole or in part. This custom is increasing and has alarmed the retail drug trade. It is a natural response to an economic condition and can no more be stayed by the hand of law than the wind can be stopped blowing by an act of Congress; but of course it is possible to make the doctor all kinds of trouble by such proposed legislative interference with inherent right, and the quickest way to prevent trouble is by doing our fighting right now.

We therefore urge every reader of Clinical Medicine to get into touch with and use his influence upon his senators and congressmen, that such modification of this measure may be made as to protect his rights and the rights of those who supply him. This can easily be done in the Culom bill by modifying Section IV so that it shall read: "but that nothing contained in this Section shall apply to licensed practitioners actively engaged in medical practice, to vet-

erinarians actually engaged in the practice of their profession, to public hospitals, or to scientific or public institutions."

Take this up with your senator and congressman and do it now. Meanwhile write us, tell us what you are doing and what you purpose to do.

It is a time to keep awake and to fight class and trade legislation harmful to yourself. The profession of medicine is unremunerative enough now. What will it be when we are compelled by law to pay a portion of our earnings in graft to a sister profession, with whose difficulties we sympathize but which we shall strenuously object to supporting, even "by Act of Congress?"

Get busy!

A BILL TO REGULATE THE MANUFACTURE AND SALE OF HABIT-FORMING DRUGS

"Be it enacted, etc., that every person who imports, exports, produces or manufactures opium, morphia, cocoa leaves, cocaine, alpha and beta-eucaine, chloral, cannabis, their salts, derivatives or preparations, and every person who further manufactures, compounds, deals in, or distributes the aforesaid drugs, or (section 3233, Revised Statutes) either of them, shall, before engaging, or if he is already engaged in said business, register with the collector of internal revenue of the district his name or style, place of residence and place where such business is to be carried on, and at the time of such registry, and on or before the first day of July in each year, every (3237, Revised Statutes) importer, exporter, producer, manufacturer, wholesale manufacturing pharmacist, wholesale dealer or jobber, shall pay to said collector a special tax at the rate of \$10 per annum, and every retailer or distributor at retail shall pay to said collector a special tax at the rate of \$1 per annum. That the word person as used in this act shall be construed to mean and include (section 3140, Revised Statutes) a partnership association, company, or corporation, as well as a natural person; and all provisions of existing law relating to special taxes, so far as applicable, including the provisions of section 3240 of the Revised Statutes of the

United States, are hereby extended to the special tax herein imposed.

"Sec. 2. There shall be levied and collected upon all of the aforesaid original drugs now held by any such person, or hereafter produced or received, an internal revenue tax of one cent per ounce, or fraction of an ounce, fluid or solid, and said tax shall be paid by affixing to each package or other receptacle containing such original drugs, before removal of the same from a customs warehouse, their place of manufacture or storage, and before being offered for sale, an engraved stamp to be affixed and canceled in such manner as the Commissioner of Internal Revenue, with the approval of the Secretary of the Treasury, may prescribe. That all provisions of existing law relating to internal revenue stamps, including all penalties imposed for the reuse of such stamps, so far as applicable, are hereby extended to the stamps provided for in this act, and all such original drugs, and all packages and receptacles containing the same, not stamped as herein provided shall be forfeited to the United States and may be sold, subject to the provisions of existing law, to any person who has paid the special tax imposed by this act; Provided, That where such original drugs, after prompt payment of the tax thereon, are further manufactured or compounded by any duly registered and bonded manufacturing chemist or manufacturing pharmacist, the packages or receptacles containing the same may, under regulations to be prescribed by the Commissioner of Internal Revenue, with the approval of the Secretary of the Treasury, have affixed thereto, in lieu of the prescribed tax-paid stamps, such labels or marks as will show the payment of the tax on the original drugs before the same were further manufactured or compounded. And every person making application to register under the provisions of this act shall file with his application for registry a sworn statement showing to the best of his knowledge and belief the number of ounces of the aforesaid original drugs, whether such drugs are in their original shape or in preparation, in his possession at the date this act goes into effect, and the collector with whom such application is filed shall collect the tax on

such original drugs at the rate of one cent per ounce.

"Sec. 3. That every person importing, manufacturing, remanufacturing, compounding or offering for sale any such drugs, their salts, derivatives or preparations, shall keep such books, render such returns, and give such bonds as the Commissioner of Internal Revenue, with the approval of the Secretary of the Treasury, may from time to time prescribe.

"Sec. 4. That it shall be unlawful for any person to sell, or give away, in interstate commerce, any of the aforesaid drugs, or any of their salts, derivatives or preparations, to any person other than a person who has registered and paid the special tax as required by this act; but that nothing contained in this section shall apply to public hospitals or to scientific or public institutions.

"Sec. 5. That under such regulations, and upon the filing of such notices, entries and bonds as the Commissioner of Internal Revenue, with the approval of the Secretary of the Treasury, may prescribe, any of the aforesaid drugs, their salts, derivatives or preparations may be removed from a customs warehouse or from the place of manufacture or storage for export, free of tax; but upon the reimportation of any such drugs, their salts, derivatives or preparations, the same shall be held in the custody of the collector of customs until the required internal revenue stamps in payment of the tax and labels and marks imposed by this act have been placed thereon.

"Sec. 6. That any person who purchases, receives or sells, transfers or gives away any of the aforesaid drugs, their salts, derivatives or preparations on which the tax or labels or marks imposed by this act has not been paid, or who violates or fails to comply with any of the requirements of this act, or any regulation issued thereunder, shall, on conviction, be fined not less than \$500 or more than \$5,000, or be imprisoned not less than one year nor more five years, or both, in the discretion of the court.

"Sec. 7. That whenever on trial for a violation of this act the defendant is shown to have, or to have had, possession of the aforesaid drug, salts, derivatives or preparations thereof, such possession shall be

deemed sufficient evidence of such violation unless the defendant shall explain the possession to the satisfaction of the jury.

"Sec. 8.—That all returns required by this act shall be properly filed and recorded in the office of the Commissioner of Internal Revenue, and under such regulations as the Commissioner of Internal Revenue, with the approval of the Secretary of the Treasury, may make. These returns shall be open to inspection and certified copies furnished to the proper officials of any State or Territory or district, or other territory under the jurisdiction of the United States, or any organized municipality thereof, any or all of whom may be charged with the enforcement of State, district, territorial, municipal or other local laws or ordinances regulating the prescribing, dispensing, sale or use of the aforesaid drugs, their salts, derivatives or preparations.

"Sec. 9.—That the sum of \$150,000 or so much thereof as may be necessary, be, and hereby is, appropriated for the purpose of carrying into effect the provisions of this act, and the Commissioner of Internal Revenue is authorized to appoint such agents, deputy collectors, inspectors, chemists, assistant chemists, clerks and messengers in the field and in the Bureau of Internal Revenue as may be necessary to enforce the provisions hereof.

"Sec. 10.—That nothing in this act shall be construed as modifying or revoking any of the provisions of the act of Congress approved June 30, 1906, known as the 'Pure Food and Drugs Act,' or any amendments thereof, or of the act of Congress approved February 9, 1909, entitled 'An act to prohibit the importation and use of opium for other than medicinal purposes.'"

"Syphilis and the American Negro---A Medico-Sociologic Study"

By John A. Kenney, M. D., General Secretary N. M. A., Resident Physician, Tuskegee Institute, Ala.

Elsewhere in this number of the Journal our Editor comments very fittingly on the article by Dr. Mur-

rell. Our object is to publish a first-class Medical Journal, and not a Negro Journal, but "blood is thicker than water." There are many hundreds of medical publications by the white race. As far as I know this is the only medical spokesman for the Negro anywhere in the world. When men high in the medical profession use the leading medical journals of the country to assail and libel a whole race of people, it is time that our one publication should speak and speak plainly. We would, first of all, urge our subscribers to read the article by Thomas W. Murrell, M. D., entitled, "Syphilis and the American Negro—a Medico-Sociologic Study," in the Journal of the American Medical Association, Vol. 54, No. 11, March 12, 1910, page 846. We further open our columns for replies, not in the shape of valueless assertions or unsupported statements, but for facts—cold statistics gathered from your practice—your experience.

The time has come when we cannot sit supinely by and accept everything, true or untrue, said about us. The same statistics used by those who would assail and malign us are for us also to use. In addition we have other data—data that they have not and cannot possess, for no one of another race knows us as we know each other. Then, let us investigate these statements and report our findings through the Journal to the world, that it may be the judge, after having both sides of the question.

The article by Dr. Murrell, is as

anti-Negro as anything from the pens of our most pronounced enemies could be, and that in itself disqualifies him from being a dispassionate chronicler in discussing the question he essays to discuss.

Among other things he says:

Whatever the motive that guided the pen which decreed absolute suffrage, it stands as one of the world's greatest tragedies, for now the Negro was free, not to live but to die, and he took advantage of his freedom. He was free indeed—free as the birds of the air—free to get drunk with cheap political whiskey and to shiver in the cold because his scanty savings went to purchase flashy and flimsy garments, free never to bathe, and to sleep in hovels where God's sunlight and air could not penetrate—absolutely free to gratify his every sexual impulse; to be infected with every loathsome disease and to infect his ready and willing companions, and he did it—he did it all. The result is the Negro of 1909, the Negro of today.

"He was free not to live but to die, and he took advantage of his freedom." Yet, the race has increased from 4,000,000 to about 12,000,000 in forty-five years.

Quoting Dr. Murrell again:

Morality among these people is almost a joke and only assumed as a matter of convenience, or when there is a lack of desire and opportunity for indulgence, and venereal diseases are well nigh universal. As an illustration of this, in clinic and private practice, I have never seen a Negro virgin over eighteen years of age. Consultations with old men of the profession have yielded only two undoubted cases. Of course there are many more, but it is terrible to hear a man in active and steady practice for fifty years, practicing both in country and city proclaim his experience to be the same as my own.

Think of it!

"Morality among these people is almost a joke," and yet observation and statistics prove that the race is yearly advancing in its moral, edu-

cational and religious life. "I have never seen a Negro virgin over eighteen years of age." We have no reason to question the writer's veracity in this statement; it may be absolutely correct, but what does it prove? Just one thing: the limitations of the writer's experience.

Here will I insert a bit of personal experience which is absolute fact, and we want such from our readers. I have had several years' experience in practice. I have a considerable gynecological practice, both institutional and public. Hundreds of girls and young women from thirty-five states and territories of the Union, Cuba, Porto Rico, Central and South America, have been under my care for gynecological troubles. I have been deeply impressed with the very large and overpowering percentage which show no sign of defloration. I put emphasis on this because of the fact that so many of these young women have come from homes where they have not had the opportunity of the best training. In many instances where I have had a girl or young woman prepared for digital or instrumental examination, or treatment, I have desisted or made rectal exploration, or where absolutely necessary to persist, used general anesthesia because of intact hymen. Formerly it was my practice to have the nurse who prepared the patient for examination give a douche as a detergent measure unless otherwise ordered. So often have I found the above-mentioned conditions that I have for the past

several years desisted from this practice.

Another fact which I wish to mention: We have in our school, Tuskegee Institute, 565 young women from divers places, surroundings and conditions. In the past three years we have detected among these but one case of pregnancy and no abortion, and yet the writer tells us that, "In an investigation of Negroes of all classes, the average age of defloration was found to be about 15 years," and he adds, "that these estimates are not unfair to the race, as a whole, for they are gained from experience with a part of the Negro population that enjoy exceptional advantages for education and improvement." Will our readers inform the writer through these pages, of that class of Negro virgins as pure and chaste as those of any race, who after weeks or months of unsuccessful married life, consult them for dyspareunia from local hyperesthesia or physical incapacity? Two such cases in my own practice within the past six months.

What an awful arraignment of a whole people this man makes! No class is omitted, for he specifically states "all classes" and that his estimates are "gained from a part of the Negro population that enjoy exceptional advantages for education and improvement."

He states further that:

Even among the educated only a very few will carry out the most elementary instructions as to personal hygiene.

Has the writer ever been in any of the beautiful, well appointed

homes of the leading Negroes of Richmond? I have, and I have found a careful observance of the laws of hygiene in these as well as a great many homes of Negroes of other places.

Again he says:

Tuberculosis is often spoken of as the scourge of the Negro, but there must be twenty syphilitics to one consumptive; and hundreds of the Negro consumptives have syphilis to combat as well. This may sound exaggerated but it is near the pitiless truth.

I think I should here again mention some personal experience. In the Tuskegee Institute community, I have a clientele of about 2,200, including 1,600 students. Aside from these I draw on the town of Tuskegee and Macon County. In the last year I have had under observation and treatment about one half dozen syphilitics including those with tertiary and latent symptoms of the disease; and about one dozen subjects of gonorrhoea, but my records show that I have treated in that same length of time 23 tuberculous subjects.

Has there ever been an article more filled with wholesale condemnation of the morals of "all classes" of the race? And, what is most unfair is his attempt to condemn even our refined classes along with the slum product among whom he undoubtedly has had large experience.

There are many white physicians in the South and elsewhere who practice among our people. Will none of them in justice alone, refute these indiscriminate and damaging statements? In the meantime I am appealing to the Negro physicians to send in statistical evidence to rebut these uncharitable and easily refuted assertions.

Sketches from Life

Intellectual Lights: Wit, Wisdom and Common Sense

Wit is detonating, corruscating, sparkling, flashing,—too bright for steady vision; wisdom and common sense are the same in quality but different in degree, a pine torch, an electric light, a flash of lightning—such are common sense, wisdom, and wit.

Thus the wise may not be witty, and the witty may not be wise, but common sense leads to wisdom, and wisdom connotes common sense.

A Modern Philosophy of Life

Did it ever occur to you that a man's life is full of temptations? He comes into the world without his consent, and goes out against his will, and the trip between is exceedingly rocky.

The rule of contraries is one of the features of this trip. When he is little, the big girls kiss him; when he is big, the little girls kiss him. If he is poor, he is a bad manager; if he is rich, he is dishonest; if he needs credit, he can't get it; if he is prosperous, every one wants to do him a favor. If he is in politics, it is for graft; if he is out of politics, he is no good to his country. If he doesn't give to charity, he is a

stingy cuss; if he does it, it's for show. If he is actively religious, he is a hypocrite; if he takes no interest in religion, he is a hardened sinner. If he gives affection, he is a soft specimen; if he cares for no one, he is coldblooded. If he dies young there was a great future before him; if he lives to an old age he missed his calling. If he saves money, he is a grouch; if he spends it, he is a loafer; if he gets it, he is a grafter; and if he doesn't get it, he is a bum. So what's the use?—American Druggist and Pharmaceutical Record.

The following editorial expression from a prominent lay journal contains a moral for the doctor. Can you find it?

A New York woman who died the other day is said to have been accounted one of the most brilliant in this country a generation ago and to have spent her time and fortune in good works. The end came amid poverty and distress at the age of 70, and a melancholy message was her legacy to those who believe that bread cast upon the waters shall return after many days: "This is the end; friendlessness, dissolution and death. Let no one play the game of philanthropy who would desire peace and a peaceful end." Fortunately, too many others have been blessed in helping others for her disappointment to become general.

Opportunity

Foolish is he who says that at his
door

I knocked but once, a furtive
moment stay,

Fearing lest he should hear, then
haste away,

Glad to escape him—to return no
more.

Not so, I knock and wait, and o'er
and o'er

Come back to summon him.
Day after day

I come to call the idler from his
play,

Or wake the dreamer with my vain
uproar.

Out of a thousand, haply, now
and then,

One, if he hear again and yet
again,

Will tardy rise and open lan-
guidly.

The rest, half puzzled, half annoy-
ed, return

To play or sleep, nor seek nor wish
to learn

Who the untimely, clownish
guest may be.

—*William H. Eddy, in Atlantic.*

The New York Sun characterizes Collector William Loeb's conduct in office as exhibiting "an unrestricted proficiency in vicarious mendacity." Loeb was graduated from the Roosevelt Ananias University.

His Ship

"My ship," he said, "will come some
day,

With riches in its hold for me."
He let his best years drift away,

What time he watched beside the
sea.

When age had made him blind and
weak

He wondered at the long delay;
The reason was not far to seek;

He'd never sent a ship away.
—S. E. Kiser, in Chicago Record-Herald.

SMYLE

A Whyle

and when you Smyle

Another Smyles

And soon there're Myles

And Myles

Of Smyles

And lyfe's worth Whyle

Because you

SMYLE

Two instances recently having come under the eye of the Charlotte Observer where rifle bullets were deflected by the skulls of negroes, that paper reaches a remote but probable conclusion: "The colored brother has a double-thick, nonporous, mule-proof skull, conically shaped by way of further protection. It might not withstand steel-jacketed bullets, but against it the soft-nosed kind is seldom effective. If Prof. Jeffries lands hard on Prof. Johnsing higher than the jaw in their joint debate this spring, he will have to gesticulate with only one hand thereafter."

Comments on The Journal

The Journal of the National Medical Association, (colored) which has reached the fourth number, is a periodical which ought to excite pride in any member of the race who is informed in the matters of which it treats. We do not pretend to be fully able to judge of its merits, actual or relative, nevertheless, we realize that the papers are of a high order. Typographically it is fine. And there is plenty of it also. It is published at Tuskegee Institute, Ala., quarterly \$1.00. Covers Medicine, Surgery, Pharmacy and Dentistry. Among the articles interesting to the layman and gratifying to us is the answer of the Editor, Dr. C. V. Roman, to Judge Dixon's recent articles in Hampton's Magazine.—The Horizon.

I look forward to the coming of the Journal with a great deal of pleasure. I enjoy reading it and am waiting for the next issue.

Very truly yours,

H. F. GAMBLE,

Charleston, West Virginia.

I herewith inclose one dollar for a year's subscription to the Journal. I desire to especially compliment the last issue, and wish you continued success.

Yours truly,

C. M. WADE, M. D.,

Hot Springs Ark.

I have watched your magazine with keen interest and have noted the improvement in each issue. The last I must confess was by far the best, and from a mechanical point of view excels any magazine published in this country by Negroes. The matter of course is not in the main intended for the laity but any ordinary grammar student can be benefited by perusing its pages.

Yours truly,

D. A. HART,

Editor Globe, Nashville, Tenn.

I beg to acknowledge receipt of a copy of the Journal of the National Medical Association, and beg herewith to offer you my congratulations upon the high character of this publication, which certainly does credit to the strong and useful Association which it represents. The Journal is to be commended in every way, for its typographical appearance, and the high order of its contents, and on the general tone of the publication. Accept the assurance of my best wishes for its largest success. You can depend upon the hearty support of Howard University.

Very sincerely yours,

W. P. THIRKIELD,

President.

Items of Interest: Newsy and Otherwise

Dr. William Turner Darnell, who spent one year at the Tuskegee Institute Hospital as interne, since which time has been in Mexico, is now practicing at 2009 Popular Street, Cairo, Ill. He subscribes for the Journal and states that he gets great help from the same. He writes that he is building up a practice. We predict for him success.

Important Notice!

Those of our readers who are interested in the various forms of Physiologic Therapeutics (including Hydrotherapy, Electrotherapy, Massage, Hyperemia, etc.) will be glad to know that it is proposed to shortly inaugurate a new journal devoted solely to the delineation of the progress made in these lines of therapeutic endeavor.

The American Journal of Physiologic Therapeutics will be published bi-monthly, and the subscription price will be \$1.00 a year. The names and addresses of all interested physicians should be sent in and those desirous of subscribing at once may send their remittances when writing. It is to be hoped that a wide-spread interest may be aroused in this matter. Write now, while this is fresh in your mind, to The American Journal of Physiologic Therapeutics, 72 Madison St., Chicago.

A number of physicians of Washington have organized "The Physicians Automobile Club of Washington."

At the April meeting of the Medico-Chirurgical Society of Washington, Dr. Daniels reported a case of "Cancer complicating pregnancy," he detailed an unique method of diagnosis with treatment.

A large number of physicians have recently become members of the society.

Dr. A. M. Curtis has recently returned from an extended trip through the South, where he held several clinics; he was present at the sessions of the Alabama Medical Association.

The clinics to be held during the sessions of the National Medical Association will be numerous and interesting. The facilities offered for this feature (The Freedmen's Hospital) will be all that could be desired.

New York Items

The committees interested in the establishment of the McDonough Memorial Hospital in New York City and the Mercy Hospital in Brooklyn are making encouraging progress, and definite results are expected at an early date.

At the March meeting of the Medico-Chirurgical Society the Journal of the National Medical Association was heartily approved and adopted as the official organ of the society. At the same meeting Dr. R. A. Taylor reported the results of his observations on the use of succinamide of mercury, by injection, in tuberculosis. Owing to the pain caused by the injection it was often difficult to have the patient continue the treatment for an extended period; but in all cases marked improvement was shown. Dr. P. A. Johnson read a paper on "Tracheal medication in the treatment of pulmonary tuberculosis." He argued that soothing liquids can be passed through the glottis into the trachea for the purpose of medication "so long as the glosso-epiglottic or the aryteno-epiglottic or the outer arytenoid space" is not touched as these seem to act as cough centers; he has been able to throw into the trachea from one-half to one drachm of medication, which he claims is ultimately absorbed by the pulmonary veins and lymphatics.

Dr. U. T. Carter has opened dental offices in Providence, R. I.

J. D. Ballard, D. D. S., has been in Nassau, W. I., for several weeks recuperating, after a long siege of sickness.

The March meeting of the North Jersey Medical Society was held at

the residence of Dr. P. F. Ghee, Jersey City. The paper "Secondary Syphilis" was read by Dr. H. J. Burnett, Montclair. The April meeting was held at the home of Dr. I. A. Lawrence, Elizabeth. "Tertiary Syphilis" was the title of the paper read by Dr. Jas. F. Lawson of Plainfield. Preparations are being made for the annual meeting and banquet in May, at which Dr. Marcus F. Wheatland of Newport, President of the National Medical Association is expected to be present.

Dr. R. Wellesley Bailey, of Germantown, Pa., was married to Miss Ellen Pearl Waller, the afternoon of March 29, 1910, at the home of Miss Waller, Druid Hill Ave., Baltimore, Md. Dr. and Mrs. Bailey after the reception of April 8th, will reside at 102 Price street, Germantown, Pa. Dr. Bailey is the present President of the Philadelphia Academy of Medicine and Allied Sciences.

We are in receipt of the 12th, 13th, and 14th, annual report of the board of members of the Frederick Douglass Memorial Hospital and Training School. The report is pleasing to see, also it contains some valuable information concerning the work that this hospital is doing. We wish to congratulate all concerned on the good showing made by this report.

The Medico-Chirurgical Society will hold its annual banquet in May.

The commencement exercises held in the Ryman Auditorium last night of the Meharry medical, dental, pharmaceutical and nurse training colleges of Walden University were of a high order. Degrees were conferred on 108 graduates.

The address to the graduates was delivered by Dr. R. E. Jones, New Orleans, editor of the Southwestern Christian Advocate, and was filled with much good advice to the professional men and women of his race who are now to take up practice.

A musical programme under the direction of Miss M. E. Braden, dean of the music department of the university, assisted by Prof. I. J. Berry, was enjoyed by the large audience present.

Dr. R. F. Boyd, Superintendent of Mercy Hospital, and professor of gynecology of Meharry, made a short address, directing his remarks to the George W. Hubbard Hospital to be erected on the Meharry campus.

The officers of the graduating classes were:

Medical—S. B. Banks, President; H. E. Nash, Vice President; M. C. Williams, Secretary; J. E. Dodson, Assistant Secretary, and B. E. Roberts, Treasurer.

Dental—L. A. Howell, President; H. B. Rosby, Vice President; W. C. Mitchell, Secretary; J. Q. Adams, Treasurer.

Pharmaceutical—R. L. Peters, President; G. C. Fowlkes, Vice President; Annie Mae Goodloe,

Secretary, and A. M. Jones, Treasurer.

Nurse Training—Miss M. M. Booker, President; Mrs. V. W. Dean, Vice President; Mrs. E. M. Hodge, Secretary; Miss G. G. Manning, Corresponding Secretary, and Miss M. E. Rhoten, Treasurer.

Class Day Orators.—E. W. Bates, J. J. Creagh, M. A. Grant and Mary I. Brown.

Nashville American.

We are in receipt of information to the effect that the dedication of the Cottage Home Infirmary and Nurse Training School, was held on Tuesday February 15, 1910. This Infirmary and Training School is under the management of Dr. W. E. Sterrs, Decatur, Alabama.

The get together banquet of the Physicians, Dentists and Pharmacists was held in the Gold Room of the Congress Hotel, on the 10th of March, 1910. There were 750 representatives of the three allied professions, who spoke for harmony and closer co-operation among the members. Dr. A. W. Williams, our Treasurer, of Chicago, was present at this banquet.

A contemporary wonders if those hookworms would make good bait. They were able to fish a round million out of the oil well. Very fine bate, brother.—New York Age.

Leonard Schools of Medicine and Pharmacy

"Extensive improvements are being planned for the Leonard Schools of Medicine and Pharmacy of Shaw University at Raleigh, N. C. The medical buildings proper will be enlarged during the coming summer and several additional laboratories and lecture rooms will be the result. A large and substantial brick hospital with every modern convenience will be erected near the enlarged medical building. An enlargement of the Power House, Chapel, and Dining Hall are also under contemplation, and when the new hospital is completed it is expected that the old hospital will be refitted and enlarged and used for dormitory and residence purposes."

Beginning Saturday March 12, 1910, the lectures on Health, Hygiene, Sanitation and Tuberculosis, will be resumed at the Tuskegee Institute Hospital, under the auspices of the Hospital Aid Society. The lectures will be given from two to two-thirty each Saturday. All are cordially invited to attend. To those who are unable to pay for treatment and who are afflicted with Tuberculosis, special advice and treatment will be administered free of cost.

From the Tuskegee Student.

Dr. W. P. G. Urling of Newark, was married recently to Miss Louise Palmer of the same city.

A Glory Which is Naught

"Glory is like a circle in the water, which never ceaseth to enlarge itself, 'till by broad spreading, it disperses to naught," says the bard of Avon. He must have, with prophetic vision, seen how our physicians will delve and struggle and labor to nullify the effect of man's vices or ignorance. People accept with ill-concealed impatience from physicians what they would gladly pay for from business men and artisans. Custom sanctions it and the profession of medicine submits. There are three members of the present board of Health, each one with a large private practice, compelled to spend days looking after the thousand little things that may jeopardize the city's health. The various commissions and boards authorized by the Legislature, and filled generally with lawyers, wouldn't consent for a moment to serve without pay. But the dear physicians labor for glory and a pauper's grave, the former of which "disperses to naught," and the latter is easily forgot, What fools physicians be.—Lancet Clinic.

Dr. Wheatland, who is a well known authority on the "X-Ray," gave an illustrated lecture on the subject to the men of the parish, on the evening of January 12th. After the lecture a chowder supper was served.—"News Notes from Emanuel Parish."

Big Clinics at Mercy Hospital

During the week of January 31, to February 5, Dr. Daniel H. Williams of Chicago, held a large and interesting clinic at the Mercy Hospital, Nashville, Tennessee, in connection with his lectures on Surgery to the students of the Meharry Medical School. Twenty-five operations were very dexterously and successfully performed. The clinic was considered the best in the history of the Hospital, both in point of successful operations and variety of cases. A great many visiting physicians were present as well as physicians and surgeons from the city, who were present to assist and witness the operations. Dr. J. A. Kenney, of Tuskegee Institute, who was present for the purpose of giving lectures to the students on Anaesthesia, also conducted the anaesthetics for the various operations, and otherwise assisted. Dr. C. V. Roman, of Nashville, Specialist on Eye, Ear, Nose and Throat, also gave demonstrations. Drs. R. F. Boyd, F. A. Stewart, and J. A. McMillan, very ably assisted in the operations during the Clinic.

Notice to Physicians, Pharmacists and Dentists—Bear in mind the date, August 23rd, 24th, 25th, and the place Washington, D. C., of next meeting of the National Medical Association. A large attendance is expected. No pains or expense are being spared to prepare for the entertainment of the Asso-

ciation, and to make this meeting the best in the history of the Organization. Washington is able to do this and by reason of its favorable position on border line between the North and the South, its great Hospital, clinic and other advantages, we should have an unusually large attendance.

“Throughout recorded history there is abundant evidence of unimpeachable value to show that intellectual forcefulness has advanced *pari pasu* with modes of life designed to encourage bodily betterments.”

Illustrating the well-known physiological law that the frequency of the pulse rate increases in inverse ratio to the size of the animal, a writer in a recent number of *Cosmos* (Paris) gives the following interesting conclusions in comparative physiology:

The average pulse rate was 30 pulsations per minute for elephants; 40 in the horse; 50 in the ass and mule; 70 in man; 90 in the dog; 150 to 200 in the rabbit; 670 in the mouse.

The ratio of 4 to 1 between pulse and respiration is maintained throughout.

“How far motor efficiency conditions intellectual competence cannot be statistically determined.”

“Ignorance often has the exquisite intuitions of innocence.”

Diet does not mean milk, scraped raw beef, beef tea, junket, meat extracts, patent proteid at fancy prices, and dilute sweetened alcohol mixed up with animal and cereal extracts. It means lamb chops, steak, roast beef, tender boiled ham, chicken, scrambled eggs, omelet, even hard boiled eggs, toast, crackers, butter, jelly, certain soft fruits, ice cream, and candy in some cases, all properly selected and daintily prepared, so as to present the stimulating effect of taste and variety.—(Dr. Benedict.)

A Statement

Steps were taken some months ago to get out an illustrated booklet on the Leonard Schools of Medicine and Pharmacy of Shaw University. This booklet was to contain pictures of the grounds and buildings, as well as of a large number of graduates and their homes and the places of business of some of the graduates in Pharmacy. After the material was gotten together it was decided by the Home Mission Society that the expense involved was more than could at that time be afforded. Accordingly, the booklet entitled "The Negro Physician" has been prepared. When the improvements now being planned at Shaw University are completed, an illustrated booklet on "The New Shaw" will be issued, and much of the material already in hand will then be used. The Executive Board of the American Baptist Home Mission Society

has voted to enlarge the Leonard Medical Building and fit up therein modern laboratories, and also to erect a large modern hospital of brick. In due time the Power House as well as the Chapel, Dining Hall and Kitchen will be enlarged. Graduates have already provided money for shower baths that are now being installed, and this is the beginning of the proposed Gymnasium. The Institution will look to all of its graduates and former students to aid in carrying out these extensive plans, which will involve the expenditure of not less than \$50,000.

CHAS. FRANCIS MESERVE,

President

Shaw University.

Raleigh, N. C., March 15, 1910.

The health and welfare of individuals and of peoples must depend on right methods of living, and of all methods of living the most momentous are those relating to the up-keep of the body by alimentation.—(Sir James Creighton-Brown.)

The following is interesting: "Several cars loaded with peanut hulls were discovered in a freight wreck the other day, consigned to breakfast food manufacturers. They were from Southern peanut oil and butter factories. Discussing the incident, a delegate to the Chicago Federation of Labor said: "This is a free country, and every man has a right to eat peanut shells if he wishes. But he should know

what he is eating. Peanut shells should not be served to him disguised as 'Your Grandpa's Brain Maker,' or masked under the name, 'Old Dr. Pabulum's Ideal Food.' For I notice that even the monkeys in the Zoo throw away the shell after eating the peanuts." The monkeys would probably continue to do so, even if a beautifully printed label should testify that the contents of the package was unadulterated and wholesome. So far as food is concerned, the simians have discriminative taste, and they are not sufficiently refined to violate it."

Health is a precious thing, and the only one in truth that a man should lay out, not only his time, sweat, labor and goods, but also his life itself to obtain, for as much as without it life is injurious to us. Pleasure, wisdom, learning and virtue without it wither away and vanish; and in the most quaint and solid discourses that philosophy would imprint in us to the contrary, we need no more but oppose the image of Plato, being struck with epilepsy or apoplexy; and in this presupposition to defy him to call the rich faculties of his soul to his assistance.—(Montaigne.)

The following examination questions were asked in the final examinations in Eye, Ear, Nose and Throat in Meharry Medical College 1910:

Junior Examination 1910.

1. Give the anatomic and phys-

iologic divisions of the ear.

2. Name the accessory sinuses of the nose.

3. What direct connection if any, between the orbit and the nose?

4. Define myringitis, dacryoadenitis, emmetropia, ametropia, astigmatism.

5. Name five kinds of ametropia.

6. Name four distinct functions of the nose.

7. How does nasal obstruction affect the development of a child.

8. Give usual causes and treatment of ear ache.

9 & 10. Name ten diseases or diseased conditions which you have seen diagnosed or treated in clinic this scholastic year.

Senior Examination 1910:

1. Give indications and contraindications for the use of atropine in the eye.

2. Differentiate between ciliary and conjunctival congestion, and name some diseases in which each may occur. If they are co-existent, which is primary—what is their relative importance? (Be brief but discuss fully. Give facts not words).

3. Give a brief classification of the diseases of the middle ear.

4. Give a general description of the maxillary sinus (antrum of Highmore).

5. State the function of the Eustachian tube, and explain the importance of maintaining its integrity.

6. What is the relation of the

sense of smell to the sense of taste? What important protective function is exercised by the sense of smell?

7. Describe the immediate and subsequent treatment of a burn of the conjunctiva caused by lime.

8. Describe an operation for the removal of adenoid growths of the naso-pharynx.

Describe the application and state the value of the ophthalmoscope as an aid to diagnosis.

10. State the diagnostic features of a case of ulcerative keratitis.

The Tonsils

Of the structure of the tonsils we know much, but their exact purpose in the animal economy has not yet been made satisfactorily clear. They are found as low in the animal scale as the fishes and are possessed by some quadrupeds, though lacking in a few. In none do they play any conspicuous role, and their function is doubtless mostly a thing of the past. Their very free lymphatic connections are with the deeper chain. Whether they can be properly considered as having a distinct secretion of their own is doubtful, yet in certain forms of sickness they certainly loom up most conspicuously, sometimes at one end of the chain and sometimes at the other. The general disturbance which may be caused by trouble apparently beginning in the tonsils is scarcely greater than that

which, in some instances, appears as a latter manifestation of certain septic infections. They possess clinical interest for the surgeon not alone because they are enlarged in many cases, if not in most of the status lymphaticus. In this status they accompany enlargement of the other adenoid tissues which constitute the embryonic adenoid ring that surrounds the upper end of the neurenteric canal as Luschka's gland surrounds or marks the lower. Here they offer numerous obstacles to easy and safe anesthesia. They seem able also to produce an amount of toxic material that completely upsets the harmonious operation of many other parts of the body. This toxemia may be acute or chronic, and has far reaching complications in involvement of the lymphatics, and the secondary changes which occur in them, often preparing the way for tuberculosis as a secondary infection.—Roswell Park, in *Northwest Medicine*.

Has the frequency of pulmonary tuberculosis in Negroes any connection with enlarged tonsils?

Altruism takes some strange turns. A colored man beat his mule in Nashville, Tenn. A humanitarian lady called a policeman who clubbed the man into insensibility for verbal protest against arrest.

In England this pseudo-humanitarianism has been parading under the guise of Antivivisection.

The following editorial from Collier's is german:

Is England seeing a light? Some of our readers will remember the famous (or infamous) memorial erected at Battersea, London, to the brown dog that was used for experimental purposes in the laboratories of University College, London. Notwithstanding the protests of scientific men against the unwarranted implications, the Town Council of Battersea persisted in allowing it to remain. At last, however, that council has decided to remove the statue. Certain other facts are also significant, as indicating a growing attitude on the part of the public against the antivivisection movement in England. The antivivisection posters, which heretofore have been allowed in railway stations, are now being eliminated. The Midland Railway refuses them; the Central London Railway got rid of them some time ago; Sir Edgar Speyer recently ordered the removal of all of them—seventy in all—from the stations of the London District Railway. Another straw is that the evidence of the Royal Commission on Vivisection, which has been published in full, is overwhelmingly against the “antis.” Meantime, the same old tiresome story of misrepresentation is being repeated in some parts of the United States. In various States, including New York, where the contest is now noisy, the laws are at present sufficient to imprison for cruelty, and those who seek to

change the laws wish to subject experiments in institutions, such as the Rockefeller Institute, to the judgment, not of Dr. Carel or Dr. Flexner, but to that of a lay committee consisting of one policeman, one clergyman, and one cat-loving woman. If the spirit of sentimentality based on ignorance had ruled a few decades earlier, diphtheria, yellow fever, malaria, tetanus, and meningitis would have kept all their former terror; the whole great science of bacteriology would never have been born; even the animals would have been cheated, through the needless ravages of animal diseases now under control; surgery would have found its triumphs impossible. If a few highly wrought sentimentalists could band together to spread before the public pictures of operations on human beings with special exhibits of the horrors of surgery, enforced by back-stairs gossip of a few nurses, leaving out all consideration of necessity and results, and forgetting to mention anesthetics, some progress might be made toward surgery on human beings to a committee of enthusiastic and uninformed regulators. Horses are forced to drag heavy trucks over slippery pavements; millions of chickens are shipped crowded in boxes; calves are taken from their mourning mothers; flies, mice, and spiders are slaughtered; the gipsy-moth is fought; but the agitation in favor of animals is only for the few which science uses. A kitten can

be drowned but not drugged and studied. Dr. Flexner used twenty-five monkeys and one hundred guinea-pigs—who all together suffered far less than one child with meningitis—and has already, as a result, changed the mortality in that dread disease from about seventy-five per cent to about twenty-five per cent. The proposal is to have Dr. Flexner told just what he may do by a policeman and a lady.

A Wave of Occultism

Western civilization (*The Lancet-Clinic*, August 28, 1909) seems to be at present in danger of being engulfed by a wave of occultism. The same intellectual tendencies that at one time turned Western Europe into a veritable madhouse are at work. The whole business started as long ago as 1847 with the rappings of the Fox sisters at Rochester, N. Y. Since then it has spread slowly and insidiously over Europe and America. Spiritism is not the only forms it takes. It is expressed in the mental-healing cults *and in a dozen and one frothy philosophies of optimism*. It is seen *reductio ad absurdum* in the Eddy sect which reaches the limit in spiritualizing everything away to nothing.

From below the foci of infection are dingy black parlors where vulgar mediums coin the credulity of feeble-minded old ladies and gentlemen into the cash of the realm. From above in this country, as Dr. Witmer, of the University of

Pennsylvania, has pointed out (*The Psychological Clinic*), encouragement is tendered and a philosophical and academical dressing given these tendencies by the psychological department of Harvard University. As the pedigree of modern occultism may on its vulgar side be traced to the Fox sisters, on the side of academic mysticism it reverts directly to that great charlatan of philosophy and arch obscurantist, Hegel.

The union of the two branches was consummated when we were treated to the spectacle of Prof. William James investigating Mrs. Piper. In their ideas of mind and spirit, in their pet hypothesis of telepathy, the occultists in very truth out-materialize the crudest of the materialists. Yet they are always crying out that they have given the death blow to materialism. Well, if materialism is dead then modern occultism is its ghost; and judging from the quantity of recent literature on the occult it is not preserving the usual ghostly silence, but is emitting an incoherent gibber.

Since hysteria is simply an artificial somnolence (akin if it is not identical with the hypnotic trance and suggestible states which arise from it) of the whole personality or a disassociation with resulting somnolence of a section of it, the treatment of any individual hysterical resolves itself into the problem of waking the patient.

Therefore, when we find a large

number of people going about with a fixed smile and a fixed idea that all that is is spirit and all that is not is but mortal mind; when we find men deserving respect in their own fields, such as Flammarion the astronomer, gravely discussing why ghosts wear clothes; Crookes, the physicist, naively announcing that during many months he was in daily communication with the incarnate spirit of a young woman whose temperature he took and to whose heart he listened; William T. Stead amusing himself with automatic writing, or A. R. Wallace denying the truth of the confession and explanation of the very medium who deceived him—when we contemplate these cases we are forced to conclude that many of these individuals must be, in a sense, hystericals, sleep walkers, their consciousness more or less disassociated, and that the only way to cure them would be to wake them up.

This seems to be the effect upon many of the pursuit of the occult, and herein lies its great danger. Unrestrained it will eventually turn us into a nation of neuropaths and hystericals; already neurologists are finding many of their cases complicated with the Eddyism and spiritism symptom-complex ("Clinical Observation of Psychoses Presenting the Eddy Cult as a Complication," Dewey, Chicago Neurological Society Transactions, October 22, 1908.)

It is the duty of every man who

has the welfare of science, medical or general, at heart to oppose all along the line this onset of the occultists and obscurantists, because even a tentative triumph by them would tend to destroy *the standards of reality from which scientific departures are made*. They should be combatted by every one who feels any interest in maintaining the influence of real religion, because the effect of such tendencies has been in all stages of the world, from the times of the witch of Endor down to the present day, the corrupting of religion with the most degrading superstition. From the purveyors of the "cheer up" philosophies to the spiritists themselves one and all should be regarded with grave suspicion by any man or woman devoted to the cause of any phase of social reform, because their effect can only be detracting of attention from the real to the unreal, from the important to the futile.—("Medical Brief")

The following interesting items were prepared for our last issue but through some irregularity of the mail arrived too late.

The Manassas Industrial Institute at Manassas, Va., recently received an endowment for the erection and equipment of a hospital and infirmary; this will afford a good opportunity for some energetic young man.

Dr. Marcus F. Wheatland, President of the National Medical Association was recently elected to

the City Council of Northport, R. I.

Orange, N. J., has the distinction of having among its practitioners a Negro Osteopath and a Negro Mechano-Neural-Therapist.

A writer in the Medical Council is alarmed lest the Negro servant will spread tuberculosis among his employers, and thereby become a menace to the white race; he urges that care be taken to explain the nature and consequences of the diseases to these patients. A realization of professional duty and the acceptance of the fee should compel any one to do this.

Douglass Hospital, Philadelphia, has opened a well equipped Laboratory Department for the examination of blood, urine, feces, bacteriological and pathological specimens. Dr. Grace Diuguid is head of the department.

There is no reason why the session of the National Association, to be held in Washington this summer should not be the greatest in the history of the organization. In previous years the meetings have been either North or South. Washington is a reasonably good middle ground, and should attract members of the professions from all sections.

In holding conventions, there is always a danger, especially where professional men are concerned,

that "extraneous" features, which should be of secondary importance, will be given primary consideration, to the consequent detriment of the practical side. There is no doubt that the Programme and Censor Committee will "blue-pencil" everything that will interfere in point of time with the sessions of the convention.

Every society should select a delegate to represent it and see that he attends.

Some practical plan must soon be evolved by which the business of the convention can be transacted by a "House of Delegates." The session should be entirely devoted to the reading and discussion of the scientific papers.

By the present plan the city holding the convention has "the upperhand" and can practically dictate the policy of the organization for that session.

Dr. Wheatland, President of the National Association had a conference with Dr. G. E. Cannon, Chairman of the Executive Board early in January. Plans were discussed and formulated for the inauguration of some original research work by commissions under the direction of the National Association.

Leonard College of Medicine (Shaw University) is soon to erect a new hospital building.

The State Medical Society of North Carolina is expected to meet in June at Durham. Dr. J. W. Walker of Asheville is President, and Dr. A. A. Wyche, of Charlotte is Secretary.

The annual report of the Lincoln Hospital, Durham, shows that the hospital property and equipment, represents an expenditure of \$20,000.00. With Dr. C. H. Shepard at the head of the institution, a number of improvements have been made during the past year, among which is the installation of a modernly equipped operating room. The report shows that 200 patients were treated during the year; there were 75 operations, 35 of which were major. Dr. Shepard reports 31 successive abdominal operations, all of which were successful. The hospital is a gift of the Duke family, who also gave an endowment of \$5,000.00. It has 38 beds, with private rooms. There are five members of the staff (all belonging to the N. M. A.), of whom Dr. A. M. Moore is the senior.

Drs. A. M. Moore and Jas. E. Sheppard recently made a trip to Cuba; while there they were guests of the president of the senate, and had an audience with the President of the Republic.

The West Virginia Medical Society will hold its annual session early in the spring. Dr. B. F.

White of Montgomery is the President.

It is reported that Dr. R. L. Jones of Charleston is preparing to remove to Washington, D. C., where he will practice.

Dr. H. F. Gamble, of Charleston has been appointed on the Board of Medical Examiners to pass on advertisements of proprietary medicines to be published in the "Circle," a popular magazine published in New York.

The Medico-Chirurgical Society of New York, held a joint meeting with the directors of the McDonough Memorial Hospital on January 7. Dr. R. A. Taylor presided. Plans were formulated for securing and equipping a suitable building as a hospital. The charter of the original institution, which has been held by Dr. P. A. Johnson, was given to the Medico-Chirurgical Society. Dr. Johnson deserves credit for having "held on" to the charter, as it is now almost impossible to secure one from the State Board of Charities. There is every evidence that the institution will now be permanently established. A ladies' auxiliary has been formed to help in the work.

Two members of the society have recently received important hospital appointments (the first Negroes to be appointed to white institutions. Dr. St. John has been appointed on the staff of the New

York Ophthalmic Hospital, as specialist. His work has been highly creditable and has won for him the commendation of his associates on the staff.

Dr. Travis Johnson, was appointed January 1st, as head of the Genito-urinary and Skin department of St. Bartholomew Clinic; last year he occupied the position of assistant. In making the promotion the Superintendent of the Hospital commended him on his past work and assured him of further promotion for future good work.

The Local Committee at Washington is making every effort to have a great convention. A citizens' committee of one hundred, with Judge Robert Terrell as chairman, has been organized. Convention Hall has been secured for the meeting. The clinics will be numerous and varied enthusiasm and harmony are supreme.

The Bay State Medical, Dental and Pharmaceutical Association held Public Meeting in Cambridge December 19th. The following papers were read: "Proper Conduct of Visitors to the Sick," by Dr. W. C. Lane; "Dental Caries," by Dr. W. A. Cox; "The Attitude of the Medical Profession to Mind Cure," by Dr. J. B. Hall. A large crowd was present.

Dr. Frank W. Avant, of North Carolina was married December 8,

to Miss Florence Nichols of Newark, N. J.

Dr. Jas. A. Hopkins, recently of Welch, West Virginia, has moved to St. Albans, West Virginia.

Dr. A. M. Mitchell, of Richmond, Virginia, has located in Pocohontas, Virginia.

Dr. R. C. Harrison, of Kimball, West Virginia, has established a small hospital at that place, which has met with much success. He is assisted by Dr. G. N. Marshall, of Keystone and Dr. S. A. Viney, of Northfork.

The Health Commission of Norfolk, Virginia, has established a Tuberculosis clinic in that city for Negroes. It is under the immediate supervision of the colored physicians, six, appointed for six months, constituting the staff. A trained nurse is in constant attendance. For the first month 42 patients were treated at the Clinic and the nurse made 116 visits. The patients are instructed how to care for themselves; the nurse calls at their homes and "shows" them how to live.

The Tide-Water Medical Society with Dr. J. Z. Laycock as President has held several interesting meetings this year.

The first hospital in America, according to Dr. J. J. Walsh in the

Medical Record, was built in the City of Mexico, before 1524; and is now known as "The Hospital of Jesus." The second was built at Sante Fe, Mexico and the third at Quebec Canada.

The December meeting of the North Jersey Medical Association was held at the residence of Dr. J. D. Ballard, Orange. The paper, "The Summer Diarrhea of Children" was read by Dr. W. G. Alexander of Orange. The January meeting was held at the residence of Dr. H. J. Burnett, Montclair; Dr. J. C. Anderson, of Plainfield read a paper, "Primary Syphilis."

The first of the series of Public meetings under the auspices of the North Jersey Medical Society was held Sunday afternoon January 9, in Orange. The papers read were: "Practical means for the Prevention of Diseases," by Dr. H. J. Burnett of Montclair; "The Proper care of the Teeth," by Dr. J. L. Baxter, of Newark; "The Proper Care of Children," by Dr. G. E. Cannon, of Jersey City. The meeting was interesting and well attended, six physicians and five dentists of the society being present; the audience numbered about 400.

Dr. J. C. Anderson, State Vice President of the National Association is endeavoring to reorganize the State Society. The men of the northern section of the state, all of whom are members of the North Jersey society are unanimously in favor of the State society; it seems

difficult however, to get those in the southern section of the state interested.

Dr. S. Leroy Morris has been re-elected the "Poor Physician" of Atlantic City.

Dr. Magill, of Trenton has been appointed one of the city school physicians.

Chicago has forty-eight physicians, ten dentists and six pharmacists.

The Chicago Medical, Dental and Pharmaceutical Club is an active organization of thirty members; it meets on the first and third Monday evenings of each month. The Club holds from time to time Public meetings in the various churches throughout the city.

Provident Hospital has undergone extensive repairs, amounting to \$7,000.00. The operating room has been enlarged and improved; new private rooms added, new drug room installed and entirely new plumbing placed throughout the building. At present only one-sixth of the patients are Negroes.

Dr. Senate, of Texas has recently located in Chicago.

Dr. Alex. Lane, has been elected to the state legislature of Illinois.

Dr. Spencer C. Dickerson and Miss Daisy Hunter were married January 14th.

Dr. A. W. Williams lectured before a large audience in Paris, Illinois, on February 10th. Subject: "Prevention and Treatment of Tuberculosis."

Dr. Daniel H. Williams, left January 29, for Meharry Medical College, Nashville, Tennessee, and various other southern cities. He held large surgical clinics at Meharry and Clarksville, Tennessee.

Dr. Geo. W. Prince is the new

owner of the pharmacy located at No. 2701 State St.

Dr. G. A. Lewis is rapidly recovering from the effects of a serious injury, received by having a nail pierce his foot.

The People's Congregational Church Training School For Nurses, M. Street between Sixth and Seventh Streets, N. W., Opens March 14, 1910, at 8 p. m.

CHARLES I. WEST, M. D., Dean
JAS. H. N. WARING, M. D., Sec.

Comments on The Journal

The Journal of the National Medical Association is fully up to the standard. Wish to congratulate you upon the high character of the reading matter and excellent quality of paper used in our Journal.

Yours very truly,

A. W. WILLIAMS, M. D.,
Chicago, Ill.

Will the publishers of the Journal of the National Medical Association please accept my thanks for a copy of their magazine. (Vol. 1, No. 4.)

Of course there is in it very much that a man not a M. D., can not understand, but so far as I can understand its contents they reflect great credit upon the Negro Doctor, while the form in which the papers of the Doctors are present-

ed by the printers of Tuskegee Institute, is fine.

Permit me to congratulate all concerned from my esteemed friend the Editor-in-Chief, to the least honored employee in the printing office.

To one who watches with keenest interest and delight the constant advance of his colored brethren in the professions this Journal is an inspiration.

J. G. MERRILL, D. D.,
Ex-President, Fisk University,
Nashville, Tenn.

I received the last issue of the Journal, and have read it through. That shows how interesting it is. My pride in it increases with each issue.

Yours truly,
G. E. CANNON, M. D.,
Jersey City, N. J.

N. M. A. Communications

My dear Doctor:

The Eleventh Annual meeting of the National Medical Association in Boston lingers in our memory as a happy recollection. "Nothing succeeds like success." With the accomplishments of past years to encourage us, there is no doubt but that as we move along, the work of each succeeding year will be of a higher order than the one preceding it, so unmistakable is the upward tendency of the rank and file of the profession.

There are several lines along which the organization desires to direct your efforts and of which you will be informed through the Executive Committee.

Since the last meeting, I have thought that I could not devote myself to a better task this year, than that of increasing our membership. I believe that the basis of all our efforts is the desire to serve the masses, and this cannot be accomplished without the co-operation of the physicians who serve them. Therefore, I now appeal to you to direct your energy towards inducing all the men who, are qualified, to join us, and hope you will make a special effort to enroll all the men of your state. As you appeal to each individual be conscious of the fact, that no matter how exalted his professional reputation

might be, you are trying to place him in a position to be of greater service to himself, and his generation than he otherwise would be.

We have in our Association men in whose company any man may feel proud.

Personally, I must confess to a general spiritual quickening and professional uplift as a result of my connection with the Association and feel sure, that you can do nothing better or worthier than to get all the men you can to join hands with us.

There is nothing so stimulating and helpful as to meet men who, have overcome the difficulties and obstacles which are peculiarly our own. To them it should be a great privilege to show the way and to the struggling practitioner, it should be as a "light unto his feet."

I need not say anything in commendation of the Journal; it speaks for itself. You will, however, agree with me that, it should have a much larger circulation than it now has. Do all you can to help it.

Do not defer these matters until later in the year, but bend your efforts towards their accomplishment, from now on until we meet in Washington in August.

Fraternally yours,

MARCUS F. WHEATLAND.

January 21, 1910.

Members N. M. A. in Arrears

The Secretary of the National Medical Association takes this opportunity of asking delinquent members of the Association to kindly pay their dues. The running expenses of the Association are very much greater than ever before, by reason of extending its operations. More money is thus needed to carry on its work. Some of our members have seemed to lose sight of this fact; hence, we are reminding them that we are as much in need of money with the large operations as we were when we were running the Association on a smaller scale. We call attention to the fact that the Constitution of the Association, provides that any member who does not pay his dues for one year unless he is out of the country, shall be dropped from the roll of membership. This we have not done up to the present, for you will readily see how reluctant, we are to drop any member, unless for very potent reasons.

This matter, however, has been brought to the attention of the Chairman of the Executive Board, who advises that it will be necessary to make some disposition of the same at the next meeting of the Association. In the meantime we are calling on all of our members who are in arrears to kindly remit dues to the General Secretary as soon as possible, or certainly before the time of the next meeting in order that the Board will not

be forced to take any unfavorable action because of delinquent members.

Constituent Associations

To our State Vice-Presidents:

Under the head of Article IV of the Constitution of the National Medical Association we have the following concerning constituent associations:

"Those state and territorial medical associations which have or which hereafter may become organized in accordance with the general plan of organization of the National Medical Association and which have declared by resolution their allegiance to the said National Medical Association shall be recognized as Constituent Associations and shall be empowered to recommend to the Executive Board a candidate for the State Vice-President and the state's quota of participants in the annual program."

At the Boston meeting of the National Medical Association, 1909, the following recommendation was made by the Executive Board and adopted by the Association:

"That no state or territorial medical association can be recognized as a constituent or affiliating association except upon payment by them of \$5.00 annually as a fee."

Please bring this matter to the attention of your State and Local Organization and advise them to act accordingly. This refers to all of those who have heretofore been recognized, as well as those who may

apply in the future. I wish to say further that the policy of the Program and Censor Committee is to confer with the Constituent Associations in the selection of speakers to appear on the program at the annual meeting. We are in the act of selecting speakers for the next meeting. Hence, I wish the matter above-mentioned, brought to the attention of the State Organizations in order that they may forward recommendation to us for their essayists. Of course, our Committee at this time

cannot state that they will accept every recommendation which is made, because the program may be too long, as our program will be even more limited this year than it has been in previous years. Please act on this matter promptly, and let me hear from you at an early date. Kindly let us have the names of your society and of the President and Secretary of same.

Very truly yours,

J. A. KENNEY, Secretary.

Reading Notices

In malarial conditions a diuretic is not indicated as often as the symptoms suggest, as one always has to contend with a torpid liver, that is throwing part of its work on the kidneys, meaning double duty for the latter.

In such cases the rational treatment is to use some agent which will stimulate all the excretory organs, dividing the duty of each and causing thorough elimination.

Tongaline either alone or in combination with other agents, as indicated, will invariably expel the malarial and other poisons promptly and thoroughly.

"Whatever be the nature of rheu-

matism and gout, every practical physician realizes that they are amenable to treatment and that it is a matter of as much importance to open the doors by which the poison goes out as to close those doors by which it comes in. Hence prompt and thorough elimination must be obtained through the liver, the kidneys, the bowels and the skin."

For accomplishing this purpose there is no remedy equal to Tongaline, which has been so successfully used for more than 25 years in the treatment of rheumatism, gout, neuralgia, grippe, sciatica, lumbago and kindred diseases.

THE NATIONAL MEDICAL ASSOCIATION

Commission *for the* Study of Uncinariasis

(The Hookworm Disease)

Dear Doctor:

The Executive Board of the National Medical Association has appointed the undersigned as a Commission to study the Hookworm disease, and render a report of its findings at the next meeting of the Association, which will be held in the city of Washington, D. C., August 23rd, 24th and 25th, 1910.

In order to facilitate the work of this Commission, and to give it valuable information as a working basis, you are kindly requested to answer the following questions, and, to furnish any further information in your possession pertaining to the subject.

Thanking you in advance for an early reply, and requesting that you will meet us in Washington, D. C., August, 1910, we are,

Sincerely yours,

The Hookworm Commission:

JOHN A. KENNEY, M. D., Chairman

Tuskegee Institute, Ala.

A. M. BROWN, M. D.,

Birmingham, Ala.

GEO. N. STONEY, M. D.,

Augusta, Ga.

May 1, 1910.

- 1 Your name and address?
- 2 Population of your (a) State. (b) County. (c) Town or City.
- 3 Is the Hookworm disease present?
- 4 If possible, state the number of cases, (a) Among the whites. (b) Among the Negroes.
- 5 What is the number of deaths from the disease?
- 6 Have you had any cases in your practice? If so, give number, treatment and results.
- 7 (a) Do they live on sandy soil? (b) What is their occupation? (c) What age or sex most affected? (d) What are their sanitary surroundings? (e) What kind of sanitary closets used? (f) How are they kept?
- 8 On what clinical symptoms do you base your diagnoses?
- 9 Have you used the microscope in your diagnoses?
- 10 What, in your opinion, is the cause of the disease?
- 11 What difficulties do you find in effecting a cure?
- 12 How may we best reach the poorer, uneducated classes, and impress upon them the necessity of proper sanitary, and hygienic conditions as a preventative of Hookworm disease, Typhoid Fever, Tuberculosis, Malaria, Dysentery, and other communicable diseases?
- 13 Anything else of interest in connection with the disease?

NOTE: Please consult, where possible, your health officers and get what statistics there may be in their possession.

TUBERCULOSIS COMMISSION

of the

NATIONAL MEDICAL ASSOCIATION

DR. MARCUS F. WHEATLAND, Chairman
84 John Street, Newport, R. I.

DR. P. A. JOHNSON
203 W. 33rd Street, New York, N. Y.

DR. A. W. WILLIAMS
3255 State Street, Chicago, Ill.

DR. N. F. MOSSELL
1432 Lombard Street, Philadelphia, Pa.

DR. W. T. CARR
515 Mosher Street, Baltimore, Md.

DR. WILLIS E. STERRS
Decatur, Ala.

DR. W. C. GORDON
273 Center Street, Springfield, Ohio

- 1 What is the population of your city?.....
- 2 How many Negroes in your city?.....
- 3 Number of deaths from tuberculosis in your city during past five years.
(Give number each year.)
1905.....1906.....1907.....
1908.....1909.....
- 4 How many were Negroes?
1905.....1906.....1907.....
1908.....1909.....
- 5 Give source of your information as to questions 3 and 4.....
- 6 What is the population of your state?.....
- 7 How many Negroes in your state?.....
- 8 Number of deaths from tuberculosis in your state during past five years.
(Give number each year.)
1905.....1906.....1907.....
1908.....1909.....
- 9 How many were Negroes?
1905.....1906.....1907.....
1908.....1909.....
- 10 Is there a free sanatorium for tuberculosis in your state?.....
- 11 Do they admit Negroes and to what extent?.....
- 12 What work is being done in your state through organized societies for
the prevention of tuberculosis?
(a) Among white people:
(b) Among Negroes:
- 13 What work is being done in your state through organized societies for
the care of hopeless cases of tuberculosis?
(a) Among white people:
(b) Among Negroes:
- 14 If there be a prevalence of tuberculosis among Negroes in your state, to
what do you attribute the cause?.....
- 15 Is the sale of intoxicating liquor prohibited in your state?.....
- 16 How many years has such law been in operation?.....
- 17 Has it yet made any impression on the death-rate from consumption
among Negroes?
- 18 Have any of your Negro patients been cured of tuberculosis?.....
(If so, give brief history)

In behalf of the Local Committee of the twelfth annual meeting of the N. M. A. and the citizens of Washington, D. C., I wish to extend to the members of the professions affiliated with the N. M. A. a cordial invitation to the twelfth annual meeting to be held in Washington, August 23, 24 and 25, 1910.

They will have an opportunity of seeing the most beautiful city in the world, the city of "magnificent distances." To visit and get an idea of the architectural beauty of the buildings and the machinery necessary to manage a great government like this—not to mention the opportunity to inspect Freedman's Hospital, the most modern and best equipped Hospital in this country under the capable management of Dr. W. A. Warfield, surgeon-in-chief. Here can be seen men of our race meeting the requirements of hospital practice.

At this time the following program has been arranged. (Subject to changes.)

TUESDAY, AUG. 23, 1910.

CLINICS.

Surgical—Major and Minor—8 to 10 a. m.

Medical—8 to 10 a. m.

Dental—2 to 5 p. m.

Pharmaceutical Clinics—8 to 10 a. m.

Sessions—10 a. m. to 1 p. m.

Sessions—2 p. m. to -----

Public Meeting—8 p. m.

WEDNESDAY.

Clinics and sessions same as Tuesday.

Social function in the evening under direction of the doctors' wives.

THURSDAY.

Clinics and sessions same as Wednesday.

Thursday Night—Ball in the largest Auditorium in the city.

FRIDAY.

Outing all day down the river.

SATURDAY.

Sight-seeing and visiting public buildings and other points of interest.

To insure the committee carrying out this program it is necessary for prompt attendance at the hours given, provision will be made for joint session on the morning of the first day and afternoon of the third day. Provision will also be made for the sectional meetings on the afternoon of first day, all of the second day and morning of the third day. Also a room for the Executive Board of the N. M. A.

Delegates desiring accommodation secured in advance are requested to communicate with Dr. C. H. Marshall, 2710 P. St., N. W. stating whether they want room with or without board.

Those desirous of taking part in Clinics, Surgical, Medical, Dental or Pharmaceutical are requested to communicate with Dr. W. A. Warfield, Chairman of Clinics, Freedman's Hospital, Washington, D. C.

Local Committee Headquarters in the Medical school building of Howard University, Fifth and Pomroy (or W) streets will be open until 11:30 p. m. on Monday, Aug. 22, 1910. All delegates are requested to register on or as soon after arrival as possible. The Committee on Comfort will be prepared to locate all who have not previously arranged for room and board.

Badges, etc., will be given upon presentation of Treasurer's receipt for annual dues for 1910.

Take Washington Traction car passing the railroad station marked

Georgetown, Mt. Pleasant or Park Street and change at Ninth, take car marked LeDroit Park going north will take you to the Headquarters; or take Capitol Traction car up New Jersey Avenue to 7th and Florida Avenue. Walk north on Georgia Avenue to Pomeroy (or W) East on Pomeroy to the large brick building.

Note.—Where "and" or "or" is used means the old and new name of the same street. Car tickets, 6 for 25c, good on all lines in the city.

Wm. S. Lofton, D. D. S.,
Chairman Local Com.

Therapeutic Notes

The pain in mastitis is occasionally increased by the use of calcium sulphide.

The pamphlets, periodically issued by the National Association of Retail Druggists (73 Dearborn St. Chicago) are serving a useful purpose in bringing to the attention of physicians many meritorious products contained in the Pharmacopoeia and National Formulary, many of which are exploited under trade names at exorbitant prices. They may be had for the asking.

In a recent lecture Hare stated that the best effects of digitalis are usually obtained by administering a large initial dose (15 to 30 minims) and then 5 to 8 minims t. i. d.

In a report made to the British Medical Association, Marshall and Neave state that Argyrol and Colargol possess practically no bactericidal action.

Dr. H. C. Wood, Jr., of Philadelphia, discussing a paper on Phenophthalien said:

I have seen patients obtain phenophthalien from one manufacturer and continue for two or three months to take 1-2 grain doses with perfect satisfaction and then obtain another bottle and find that it takes 3 and 4 grains to produce the same effect. This suggests there is a great difference in the quality of the phenophthalien of the different manufacturers.

*Dr. Wm. Waugh, of Chicago, reaches the following conclusions in reference to "Alcohol: Its Place in Medical Practice:"

1. As a substitute strychnine excels alcohol as a vital stimulant and an energizer of all the vital functions.

2. In shock, syncope and other forms of cerebral anemia, the combination of glonoin and atropine is quicker, safer and genuinely effective.

3. To quiet nervous apprehension and to enable the patient to look with equanimity upon his condition, without embarrassing the surgeon by his dread of anesthetics, or of a proposed operation, an injection of morphine and hyocine is much more effective than any quantity of alcohol that could be given, without adding to the danger of the condition, as alcohol would certainly do.

4. As a stimulant of digestion alcohol is not equal to quassin or other simple bitters, with such an official digestants as the case may require.

5. To prevent a chill or cold when wet, alcohol is not equal to a hot drink containing camphor or spice, or to a hot mustard footbath.

6. As a remedy for pain nobody would think of using alcohol, excepting in the absence of morphine hyocine, ether, chloroform, atropine, camphor, cannabis, or any of the other direct analgesants.

7. In all forms of diarrhea and dysentery it is now understood that the best treatment is to remove the cause or irritation, and to soothe the irritated pneumogastric by the use of atropine, stopping microbic action in the alimentary canal by the use of intestinal antiseptics, and in case of dysentery soothing the irritation by single doses of emetine. There is no place in this group of diseases in the hands of those who know how to use the active remedies of our profession.

8. As a hypnotic, alcohol may produce sleep by paralyzing the cerebral functions of the patient, a most undesirable and irrational method; or by momentarily equalizing the cerebral vascular pressure. In the latter case the same effect may be safely and quickly induced by administering a glass of hot water, or a few granules of aconitine, or of digitalin, according as the pulse tension needs to be lowered or elevated. Here again alcohol could only be used by those ignorant of the resources of modern medicine, and incapable of recognizing a pathologic condition and applying to it the remedy best calculated to restore normal physiologic equilibrium. This applies to every use that could be devised for alcohol in the treatment of disease.

Recent investigation has added testicular fibrosis to the many degenerative changes caused by chronic alcoholism.

*Read before the American Medical Society for the Study of Alcoholism and other Narcotics at Atlantic City, June, 1909.

Bismuth Subnit-----30 parts
 Parafin melt at 120-----10 parts
 White wax-----10 parts
 Petrolati-----50 parts

Bismuth injection in Suppurative Sinusitis.—F. P. Calhoun, Atlanta, Ga.

Journal A. M. A. Jan. 22 10, p. 283

Suturing blood vessels with human hair has been experimentally performed recently on the dog with success in the laboratories of the Washington and Pittsburg Universities.

The viscosity of the blood is the latest laboratory fact to bid for clinical usefulness. The normal viscosity of the blood expressed in terms of distilled water as a unit is between 3.5 and 5.5. "Age, sex, time of day, posture, exercises, altitude, baths, and various other factors, as well as diseases, cause variations."

Unilateral deafness without known cause, associated with facial palsy on the same side, should suggest a lesion in the posterior cerebral fossa.

Meltzer's sign—pain on active flexion of the hip, with the knee extended, while the examiner presses firmly down over McBurney's point—is a most valuable corroborative evidence of appendicitis. It is not intended for cases in which abscess is palpably present.

Hare declared that much of the weakness following typhoid fever was due to insufficient feeding. An exclusive milk diet will not furnish calories sufficient to offset the amount dissipated by the disease. He recommends the giving, in addition to the milk an egg twice per day; also pea or bean broth; but the absolute avoidance of meat broths, as they are excellent culture media.

Of Interest to Dentists

Dental clinics at the twelfth annual meeting of the N. M. A., will be held in the Infirmary of Howard University Dental Department every day of session from two to 5 p. m. All desiring to give clinics are requested to bring hand instruments and material. The infirmary is equipped with twenty-two chairs

porcelain furnace, gold inlay machines, gas and somnoform appliances, engines etc., all of which the faculty of the school has kindly given the use of to the Local Committee for the meeting, it is hoped that the members of the profession will avail themselves of this opportunity, and are requested to

communicate with Dr. C. C. Fry
1110 18th, street N. W. Washington
D. C.

WILLIAM S. LOFTON.
Chairman Local Committee.

Philadelphia Dentists organized and expect to attend the N. M. A., meeting in Washington, D. C., August 23, 24, and 25, 1910.

In December, 1909, the members of the dental fraternity in Philadelphia, met at the residence of Dr. James T. Howard, and there decided to effect a permanent organization. In doing so, they decided to honor the memory of the late Dr. William A. Jackson, by naming the society "The William A. Jackson Dental Society of Philadelphia." The following officers were elected: Dr. Wm. M. Slowe, President; Dr. C. Graham, Secretary; Dr. U. G. Turner, Treasurer; and an Executive Council consisting of Drs. Royster, Howard and Slowe. A committee on exhibits and entertainments was elected as follows: Drs. Saunders and Warrick.

In the future the Douglass Hospital assembly room will be the permanent meeting place of the society. Visiting dentists and dental students are cordially invited to be present at the meetings, which are held the first Monday of each month at 9 p. m.

The society has for its object, the bringing together of the dental practitioners, legally empowered to practice dentistry in the State of Pennsylvania and its immediate vi-

cinity and to foster the spirit of harmony of relationship among its members, and to discuss the "Ethics" of their chosen profession.

One of the diseases of civilization is defective teeth, and the more study there is given to oral hygiene the clearer it becomes that inattention to health of the teeth accounts for not a few other ills of the body. Indifferent to the effect on their incomes which removal of ignorance and indifference would bring, dentists with public spirit are now moving for recognition by educators of the part which oral hygiene should have in the service of the public school to the child. They are insisting on dental as well as medical inspection of children, not for selfish ends, but to correct, early in life, tendencies which will debilitate the entire system if not checked.—Dental Summary.

New York, June 28.—(Associated Press Telegram.)—Only fourteen out of 500 boys and girls examined by the health department have been found to have sound teeth and it is said that this ratio prevails in other cities. The teeth of the girls were found to be in worse condition than those of the boys.

The examinations were made on children who applied for certificates enabling them to obtain employment. As a result of this disclosure the Children's Aid society and the Junior league are planning to

equip dental clinics in industrial schools.

Ill health in later life is attributed to the dental troubles of children and a national crusade to reduce these ailments is planned.—Dental Summary.

Examination by a dentist, catechism in dental hygiene and public dental infirmaries, as preventive methods of caring for the teeth of school children, were urged by Doctor William H. Potter in a lecture at the Harvard Medical School recently. "Children whose teeth need repair should be urged through suitable notices to their parents to go to a practitioner for treatment," he said. "In the case of poor children there must be a dental infirmary of some sort for their reception and care. I am glad to say that the dental profession is beginning to feel its responsibility in this regard to the communities in which its members practice, and that of late in many localities where dental infirmaries have not existed such institutions are in a fair way of being established."

Absolutely nothing can stop the adoption of dental inspection in our public schools. It has got to come. Germany has adopted it and made it compulsory for children to have their teeth examined and cared for, and in some municipalities it has even gone so far as the city paying for the work on the children's teeth. From the scientific standpoint it can be absolutely proved that as-

tounding conditions exist and that the poor condition of the teeth of the children in the schools costs the school board money, actually, for the children do poor work, work more slowly, and educating them is therefore more expensive and less productive of good results than if the children could do their best work. They cannot without good teeth. The mouth is the gateway of the body, and there the germs enter the body. Poor and ill-cared-for teeth cause sore mouths, toothache and consequent nervousness. The matter of dental inspection is being taken up throughout the country by the sheer force of its own importance.—Dental Summary.

We take this occasion to acknowledge the receipt of "The Summary," "Dental Brief," and "Items of Interest" among our exchanges.

The subject of educating the public in regard to the care of the teeth was discussed at the recent convention of the Indiana State Dental Association, and the lack of knowledge of parents and school teachers along this line was deplored. In the physiologies. Dr. House said, only one or two pages were devoted to the oral cavity. The state board of health and the medical profession, he said, were everlastingly reminding the public concerning the use of pure food, "and just think of the millions of mouths that the instant they close on a morsel of food have it made impure by bacteria, both

pathogenic and non-pathogenic, which actually swarm in the mouth."

It was suggested that a dentist should have a place on the state board of health and that a treatise on oral hygiene should be published for the teachers of the public schools.

Dr. J. W. Roper, of Princeton, made a report with regard to free dental inspection in the Princeton public schools. He said the plan

had proved satisfactory. The work was given a thorough tryout in the Princeton schools during the last year and parents and teachers were pleased.

There are but four dentists in the Sandwich Islands outside of Honolulu. There ought to be more on account of the sandwiches there. Bad for the teeth you know.—Dental Summary.

Of Interest to Pharmacists

Pharmacists desiring to do clinical work or to make an exhibit at the National Medical Association meeting, August, 1910, will please communicate with Dr. Louis H. Singleton, 2000 E St. N. W. Washington, D. C.

Yours very truly,
LOUIS H. SINGLETON, Phar. D.
Chair. Phar. Clinics

Great Preparation for the N. M. A. at Washington

There is a great time ahead for those who attend the N. M. A., at its next meeting in August.

The professions are vieing with each other to see which can have the most unique, yet scientific program and display for the visitors.

In Washington is to be found more of the three professions than

any other city in the United States.

We have nearly one hundred physicians, twenty-five dentists, and thirty druggists with twenty well established drug stores in operation.

The opportunity for surgical, medical, dental and pharmaceutical clinics at Freedmens Hospital are unexcelled by any other institution in the country.

The pharmacists are planning to have extemporaneous preparations made before the assembled body.

A large display of U. S. P., and N. F., preparations are to be exhibited. Every pharmacist in the country is earnestly solicited to send in some preparation for the Exhibit.

An effort is being made to get in touch with all the pharmacists of the country. If you are not a member of the N. M. A., send your

name to our Pharmaceutical Secretary, Mrs. Coleman, of Newport News, Virginia.

The Chairman of the Phar. Section, Dr. Singleton is desirous of making the section meetings one of the best features of the convention.

On to Washington is the great cry. Be sure to come and exchange ideas and meet your old friends.

News from Washington--- Money's Worth or Money Back

The annual convention of the National Medical Association to be held in Washington on August 23, 24 and 25, 1910, bids fair to be from a professional and social standpoint, the greatest and most successful in the history of the organization.

While Washington itself has a sufficient number of professional men and women to give a successful convention, the near by states are lending their assistance to make this meeting the grandest ever held.

Plans have been laid (and will be carried out) whereby every branch of the profession will receive intellectual and instructive lectures and clinics along its parti-

cular line. In the meantime, the wives, mothers, and sisters of visiting delegates will be taken care of by our ladies' committee of physicians' wives.

To the Pharmacists: Those who have attended the N. M. A., convention and those who have not, I say come, it will do you good; it will enable you by coming in contact with others, to carry back new ideas and to put more life into your business, which means dollars.

Pharmacists, as a class, are entirely too conservative and selfish. Come and mingle with the allied professional men and women and take your place and rights in the ranks as you should.

Nothing like having something to stimulate us once in a while. Let us make now the arrangements to get away from business for the last week in August, and do not let the commercial side of our business make us blind to the professional side. Come and have the pharmaceutical and social time of your life and then go back home to make the money and to feel good.

Cordially and friendly yours,

LOUIS H. SINGLETON, Phar. D.
President, Washington Phar. Asso.



Books, Lay Press, Etc.

We appreciate very much these kind and encouraging words from the Southern Workman of February, 1910:

The work of the National Medical Association composed of progressive and thoughtful Negro professional men, should not be overlook in a study of the question of health and education as it applies to the American Negro.

"Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of American environment, the National Medical Association has for its object the banding together for mutual co-operation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of medicine, surgery, pharmacy, and dentistry."

A quarterly publication, *Journal of the National Medical Association*, is published at the Tuskegee Institute, Tuskegee, Ala., by the following editorial staff: C. V. Roman, M. D., Nashville, Tenn., editor-in-chief; J. A. Kenney, M. D., Tuskegee Institute, Ala., associate editor and business manager; W. G. Alexander, M. D., Orange, N. J., associate editor; W. S. Lofton, D. D. S., Washington, D. C., dental editor; Amanda V. Gray, Phar. D., Wash-

ington, D. C., pharmaceutical editor.

The first two issues each contained forty-four pages of interesting and valuable material by such men as G. W. Hubbard, M. D., Dean of Meharry Medical College; J. J. France, M. D., Portsmouth, Va.; C. V. Roman, Ph. D., M. D.; G. H. Wilkerson, M. D., president of the Alabama Medical, Dental, and Pharmaceutical Association; Robert T. Burt, M. D., Clarksville, Tenn.; J. H. Alston, M. D., Summerville, S. C., president of the Palmetto Medical Association; H. E. Simms, M. D., Chattanooga, Tenn.; and J. Walter Williams, M. D., Charity Hospital, Savannah, Ga.

The reading matter has been carefully prepared both as to substance and form. The medical and surgical topics discussed, are those which have an important bearing upon the physical well-being of the Negro race. Some excellent summaries of cases included in the discussions, which are readable, not only to the professional doctor and surgeon, but to the layman who is anxious to know more about the care of his own health and of those whom he wishes to assist.

A number of local medical societies have already been organized for the purpose of bringing negro doctors, surgeons, pharmacists, and

dentists into more helpful co-operation. The following was a list of the officers of the National Medical Association for 1909: President, P. A. Johnson, M. D. 203 W. 33d St., New York City; vice-president, W. S. Lofton, D. D. S., Washington, D. C.; general secretary, J. A. Kenney, M. D., Tuskegee Institute, Ala.; treasurer, A. W. Williams, M. D., Chicago, Ill.; pharmaceutical secretary, Mrs. J. P. H. Coleman, Ph. G., Newport News, Va.; dental secretary, A. T. Robinson, D. D. S., New York City.

With the co-operation of the home, the school, and the medical profession we have reason to hope that a more vital correlation between health and education will soon be established among the people.

"The National Baptist Sunday School Commentary for 1910" is an excellent publication for all Sunday School teachers and intelligent people interested in Sunday School work. Price \$1.00, National Baptist Publishing Board, 528-2nd Ave N., Nashville, Tenn. R. H. Boyd, D. D., Secretary.

The Independent is a publication which is worthy a place on the desk of every Colored physician. See advertising pages.

We acknowledge receipt of copy of Journal National Medical Association, a quarterly devoted to the interest of physicians and allied

profession. It is replete with discussions by eminent and skillful men on the technique of the profession. Dr. J. A. Kenney, resident physician of Tuskegee Institute, is associate editor and business manager. During our recent visit to Tuskegee we noted additions to the operating room where Dr. Kenney, who ranks as one of the most skillful surgeons of the race performs numerous difficult operations. The nurse training department under his direction is one of the best of our institutions.

—The Educator, Huntsville, Ala.

Why No Internes?

Lincoln Hospital and Home, one of the largest private hospitals in this city, was started as a institution for Negroes. More than ten thousand patients, one-half of whom were Negroes, were treated there last year. A large number of splendid young women of the race have graduated from its nurse training department and have scattered to the corners of the country doing good. Thus far Lincoln Hospital has served the purposes of its founders. But to day no Negro doctor is permitted to be an interne at the institution. This is a fact. It is a painful and palpable violation of the principles of Lincoln's founders, and we want to know why.

We know the excellent president of Lincoln is not averse. We do believe that a weak deference to prejudiced opinion is the controlling reason. It cannot be said that there

are not competent Negro doctors or that they have not applied for admission. Such have applied and the evasion they have received has been a practical expulsion.

There is neither right nor reason to this injustice to young Negro doctors who deserve and are entitled to the practice which the institution affords. Lincoln Hospital can not longer afford to continue this discrimination.—New York Age.

Hampton Negro Conference

On Wednesday and Thursday, July 13 and 14, the fourteenth annual Negro Conference will be held at Hampton Institute.

The most important results of the last Hampton Negro Conference was the organization of a Virginia anti-tuberculosis society and the appointment of a committee to devise plans whereby all institutions in Virginia, educational, religious, and business, could unite in a campaign for the education of all the colored people in Virginia. The reports of the progress of these two movements will constitute an interesting and instructive part of the 1910 Hampton Negro Conference. Such reports are valuable, not only in the information which they give, but also in the suggestion of methods of work to be done in other states.

April *Southern Workman*.

Society News

We wish to acknowledge the receipt of the program of the seventeenth annual meeting of the Georgia State Medical Association, which will be held in Savannah, Ga., May 17th, 18th, and 19th. Dr. George N. Stoney, of Augusta, Georgia is president of this Association. We are glad to state that they have a wide-awake, up-to-date State Medical, Dental and Pharmaceutical Association. We shall hope to have more concerning this Association in our next issue.

The Palmetto Medical Association met in the city of Spartanburg,

S. C., on the 27, and 28, of April. The program of this meeting has not yet come to our attention, but, we shall hope to give some account of the same in the next issue of the Journal. A surgical clinic was held in the People's Hospital and Training School for Nurses.

The Alabama Medical, Dental and Pharmaceutical Association met in the city of Birmingham, March 23, 24, and 25. This was conceded to be the most largely attended, and in every respect the best meeting the Organization has ever had. About seventy members

were present. Five visitors, Dr. C. V. Roman, Dr. R. F. Boyd, of Nashville, Tenn., Dr. D. C. Warren, of Durham, N. C., Dr. G. W. Hubbard, Dean of Meharry Medical College, and Dr. Charles F. Meserve, President of Shaw University, Raleigh, N. C. All of the visitors made addresses and took part in the sessions and added very much to the meeting. The visit of Dr. Roman has come to be expected and his presence adds enthusiasm. More than the usual interest was attached to the presence of the presidents of the two medical schools. Their graduates gathered around them and showered welcome on them. The attached program was executed almost to a number. Surgical clinics were held at the Home Infirmary, conducted by Dr. A. M. Curtis, of Washington, D. C., assisted by Dr. A. M. Brown, Dr. D. C. Northcross and Dr. Macklin.

Invocation.

President's Annual Address, Dr. D. H. C. Scott.

Paper—Typhoid Fever, Dr. U. G. Mason. Discussion led by Dr. G. W. Coffee.

Paper—Relationship that should exist between physician and pharmacist, F. W. Ragland, A. B., Ph. G. Discussion led by I. B. Kigh, Ph. G.

Paper—Panhysterectomy, Dr. A. M. Curtis, Washington, D. C. Discussion led by Dr. A. M. Brown.

Paper—Hospital work and its relation to the negro, Dr. L. L.

Burwell. Discussion led by Dr. W. E. Sterrs.

Paper—Oral Hygiene in public schools and institutions, Dr. B. J. Anderson, D. D. S. Discussion led by Dr. J. B. Brown, D. D. S.

Papers limited to 10 minutes. Discussions limited to 5 minutes.

Afternoon Session, 2:30 to 5.

Invocation.

Paper—Cerebro spinal meningitis, Dr. A. G. Robinson. Discussion led by Dr. J. W. Alridge.

Paper—Diagnosis and treatment of osteomyelitis, Dr. W. H. Coleman. Discussion led by Dr. D. C. Northcross.

Paper—Menopause, Dr. Geo. A. Weaver. Discussion led by Dr. J. W. Moorer.

Executive Session.

Reception of new members.

Collection of dues.

Report of Committees.

Consideration of ethical questions.

Election of officers.

Clinics at Home Hospital from 5 to 7 P. M.

Friday Morning, March 25, 9:30 to 12.

Invocation.

Paper—Dental hygiene, Dr. W. F. Watkins, D. D. S. Discussion led by Dr. W. E. Lacy, D. D. S.

Paper—Malarial fever, Dr. Archie Jones. Discussion led by Dr. W. L. Councill.

Paper—Pellegra, Dr. J. W. Darden. Discussion led by Dr. H. M. Nutall.

Paper—The anaesthesia peril, Dr. W. M. Washington, Discussion led by Dr. N. J. Broughton.

Paper—Treatment of hemorrhoids, Dr. J. A. Kenney. Discussion led by Dr. C. O. Boothe.

Paper—Care of children's teeth, Dr. W. F. Clark, D. D. S. Discussion led by Dr. E. T. Belsaw.

Afternoon Session.

Paper—Athletics as a preventive of tuberculosis, Dr. F. C. Caffey. Discussion led by Dr. J. T. Thomas.

Paper—Diagnosis of ear diseases, Dr. C. V. Roman, Nashville, Tenn.

Paper—Hookworm disease among negroes, Dr. Geo. C. Hall,

Chicago, Ill. Discussion led by Dr. Geo. H. Wilkerson.

Paper—The X-ray and radium in medicine and surgery, Dr. G. W. Hubbard, Nashville, Tenn.

Paper—Preventive medicine, Dr. A. C. Dungee. Discussion led by Dr. S. S. H. Washington.

Paper—Acute Gastritis, Dr. T. V. McCoo. Discussion led by Dr. A. W. Davis.

Paper—Intestinal anastomosis, Dr. R. B. Maclin. Discussion led by Dr. W. H. Frummit.

Paper—Future of the negro physician, Dr. E. H. Jones.

Clinics at Home Hospital from 5 to 7 P. M.

Obituary

We regret to chronicle the death of Dr. J. L. Bullock of Greensboro, N. C., who died on the 14th of February 1910, at his home, after an illness of six months.

Dr. Bullock was a graduate of the Meharry Medical College of Nashville, Tenn of the Class of 1895. He was one of the best physicians of the Old North State. He was Secretary of the State Medical, Dental and Pharmaceutical Association for a number of years, also served as its president one year. He was also a member of the National Medical Association, having joined at its meeting in 1907. He

was also very active in his church and Sunday school, and the state of North Carolina loses a good citizen, as well as the North Carolina Medical Dental, and Pharmaceutical Association and the National Medical Association, a good member.

He was born on February 14, 1871, and died on February 14, 1910. We are sure that his relatives and friends have the sympathy of the National Medical Association, in their grief at the untimely death of so worthy a member of the Association and other professions.

Reading Notices

Surprised and Gratified

In relating his experience in the treatment of gouty conditions, Dr. Arthur Bailey Francis (Queen's College), Belfast, Ireland, reports the case of J. W., a gentleman in advanced life and of marked gouty diathesis who came under treatment complaining of severe pains in the lumbar region and extending down one leg to far below the knee. Dr. Francis says: "I found that he had received a chill and was also suffering from catarrhal bronchitis. I diagnosed lumbago and sciatica, and put in force the orthodox methods of treatment one after the other, but with little benefit to the patient. Insomnia now became a cause of anxiety, bromides had little or no effect, and I was revolving in my mind the safety and advisability of morphia, hypodermically when it occurred to me to first try the effect of antikamnia and codeine tablets. This I did, ordering one tablet at bed-hour to be followed in fifteen minutes by a similar dose, and that also by a third at the expiration of half an hour from the administration of the last. On seeing the patient the following morning I was surprised and gratified to find that he had passed a quiet night, slept well, and that the pain in back and legs was greatly modified. I continued the administra-

tion of antikamnia and codeine tablets after this and before the end of a week the patient was quite free from pain, slept well, and was, in fact, convalescent. I should mention that this patient is seventy years of age, but notwithstanding this, I could detect no depressing effect on heart or nervous system consequent on the administration of these tablets.

"Since treating the above case I have prescribed antikamnia and codeine tablets for insomnia, lumbago, sciatica, neuralgia in all its forms including tic-douloureux, hemicrania, and that due to dental caries, and always with the most satisfactory results."

Clinical Reports on Chromium Sulphate

I have used Chromium Sulphate (Abbott) in one case of chronic nephritis with very gratifying results.

DR. GEO. BAUDRY.

Atchison, Kan.

Prostatic Trouble

The 4-grain tablets of Chromium Sulphate (Abbott) have put to shame all other medicines I have ever used for the reduction of Hy-

pertrophy of the prostate in a patient of 75 years. By the time the first 100 were gone, taking four 4-grain tablets (16 grs.) per day his symptoms had all left him. Now he is able to retain his urine from 8 or 9 p. m., to 5 a. m.

DR. J. W. DILL.

Franklin, Ind.

Good Results in Goiter

I have used Chromium Sulphate (Abbott) for goiter and prostatic trouble and it has given complete satisfaction. I think this is one of the best drugs for troubles of this character that we have.

DR. CHARLES M. STEMEN.

Kansas City, Kans.

Chromium Sulphate in Sciatica

In the past few months I have cured three cases of chronic sciatica with Chromium Sulphate (Abbott). One of these had been confined to the house for seven or eight months. She was so much improved after three weeks that she could get around the house and is now apparently well.

DR. M. L. SHINE.

Winthrop, Iowa.

In lieu of samples, the Abbott Alkaloidal Co., Chicago, will send 2-500's 4-grain tablets, coated, uncoated or one of each on receipt of \$1.25.

Albert A. Tennant, M. D. (Assistant Surgeon-in-Chief, Richmond Hospital), Richmond, Va., under date of November 24, 1908, says:

"I use Sulpho-Lythin practically every day. I use it in all cases when indicated and have never failed to obtain the desired results.

"I have employed it in Catarrhal Jaundice, Parenchymatous Hepatitis, Auto-Toxemia (from abscess of Tonsils), Septic infection complicated with Malaria during Confinement, and as a general eliminant, with satisfactory results."

"Clinical Report"

A. W. (Male) age 28.

Oct. 1, '08—Consultation-Diagnosed-Specific Urethritis of two weeks duration. (Patient had administered remedies suggested to him by druggists, but without any benefit during that time.) I treated him for several days with the usual remedies without any relief and he continued to grow worse, developing Orchitis and Gonorrheal Arthritis.

Oct. 8th,—Local treatment for joints and scrotum without relief.

Oct. 11th,—R Sulpho-Lythin with Hexamethylenamine ("Tablet No. 6"), two tablets before each meal, and two at bedtime, followed by a tumbler of water

Nov. 1st,—Patient was dismissed as cured, and resumed his usual occupation.

Typhoid Fever

"In a recent case with a temperature running 103 to 104 degrees F., administered Tablet No. 6. (Sulpho-Lythin and Hexamethylenamine) two every two hours; the fever subsided in 48 hours and there was a marked improvement in the bowel movement. They were continued and the temperature remained normal thereafter, and the convalescence was rapid."

(The above reported by a Physician of this city, who will not permit his name used, other than in a personal interview.)

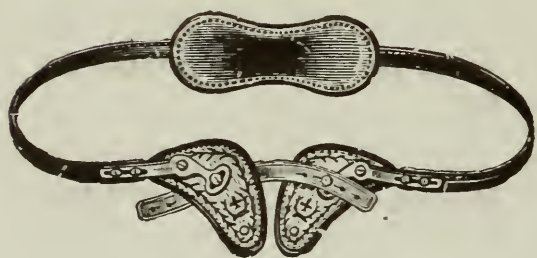
If Sanmetto is used in conjunction with instrumental treatment of urethral stricture it will be found to soothe, check or prevent the smarting and inflammation that is so common after passage of bougie.

Doctor Vance May of Cornettsville, Ind., in treating a case of saccharine diabetes of long standing in which he found a good deal of albumen present, as a result of an old gonorrheal inflammation, says the use of a few bottles of Sanmetto so cleared up the urine that he could find no strings of mucus, nor the least trace of albumen by heat or nitric acid test. It also afforded a world of relief to his patient who had been suffering for years with his bladder.

The Theo. Tafel Co.

Manufacturers of

Surgical Instruments
and Elastic Stockings



We are equipped to manufacture all kinds of apparatus for deformities and make a specialty in fitting Trusses, which have our guarantee to hold any rupture. We solicit your orders. Write for prices.

153 - 4th Avenue N.

Nashville, Tennessee

Cash Statement

NATIONAL MEDICAL ASSOCIATION
For Fiscal Year Ending August 26, 1909 (Boston Meeting)

RECEIPTS		DISBURSEMENTS	
Balance of Cash brought forward from last fiscal year.....		Publication of Medical Journal:	
Sundry Collections during fiscal year, viz.:		Printing.....	\$226.35
Membership fees.....	361.00	Wrappers and Stationery.....	19.75
National Medical Journal		Postage.....	48.03
Subscriptions.....	127.90	Expenses of Editor and Manager.....	75.05
Advertising.....	23.50	Expenses of Association:	
Sale of Buttons.....	151.40	Postage and Express (not including Journal)	61.27
Exhibit.....	31.50	Printing and Stationery.....	39.68
	60.00	Newspaper reports and copies of papers.....	31.08
	603.90	Salary of Secretary.....	50.00
		Expenses through Dr. W. E. Sterrs.....	15.61
		Expenses through Dr. A. W. Williams....	36.40
		Expenses through Dr. J. P. H. Coleman...	5.00
		Expenses through Dr. P. A. Johnson.....	12.00
		Clerical Assistance of Secretary.....	20.50
		Sundry expenses of Secretary at meetings...	6.50
		Purchase of Buttons.....	278.04
		Balance Cash on hand.....	40.00
			79.71
			<u>\$766.93</u>
			<u>\$766.93</u>

Tuskegee Institute, Ala., April 18, 1910.
The above is a correct statement of the Cash Account from the Books of the Association.

WM. H. CARTER, Auditor.

A COMMENT
ON
The Journal National
Medical Association

The Journal is doing good
work for us, Doctor, and we
appreciate it.

C. R. PATTERSON & SONS,
Greenfield, Ohio.

Advertise in
The Journal National Medical Association

Medical and Surgical Treatment of Appendicitis

**By A. M. CURTIS, M. D., Washington, D. C.*

The question of the treatment of appendicitis is one that is unsettled and will be for years and years to come. Faithful students of the teachings of rational medicine believe that disease within the abdomen always means a pathology, the removal or correction of which is essential to the restoration of normal health, and that the efficiency of any treatment for this disease, as elsewhere, should be estimated chiefly by the effect it has in removing or correcting the pathology which produces the symptoms. There are many temptations to be lured from these teachings, and doubtless at times we all find ourselves reading, discussing, and perhaps practicing treatments which, in the light of the revelations of the modern operating room, we must know are contrary to sound principles and common sense. I believe we are prone to fall into these errors in the consideration of appendicitis with its dangers and distress.

In presenting the treatment of appendicitis I have mentioned the so-called medical treatment only to condemn it. It is not rare to have demonstrated in an individual the whole pathology of appendicitis as when a chronic catarrhal appendix develops interstitial changes, ulcerates, becomes gangrenous and perforated, and is partially liquified into an abscess. In chronic cases this sequence is common after months and may take years. But in acute cases the same destructive effects are the rule and take place with extraordinary rapidity, only requiring twelve to twenty-four hours for considerable pus collection or purulent peritonitis.

This then is a short sketch of certain features of the pathology of appendicitis, and permit me to emphasize this one point—the appalling rapidity and suddenness with which the appendix may suffer bacterial invasion and necrotic degeneration with resulting peritonitis. We may forget all the other surgical pathology

* Paper read before the Alabama Medical, Dental and Pharmaceutical Association in Birmingham, March, 1910. Dr. Curtis is Attending Surgeon, Freedmen's Hospital, Washington, D. C., Associate Surgeon and Lecturer on Surgical Pathology, Howard University Medical School, Professor Clinical Surgery Post-Graduate School, Howard University, Consulting Surgeon Provident Hospital, Baltimore, Maryland, and Richmond Hospital, Richmond, Virginia.

of this disease but let us remember this point, for upon it is based the proper treatment and the justice of claiming appendicitis as a purely surgical affection. Our patients require ante-mortem pathologists rather than post-mortem pathologists. They need, in other words, diagnosticians of disease by the bedside infinitely more than recognizers of morbid tissue in the laboratory.

If an operation is undertaken during the first attack the mortality should not be more than five-tenths of one per cent. The ideal thing which is accomplished is the removal of the appendix during an attack of appendical colic, a colic without rise of temperature and due to a diseased condition of the appendix. It is attended with hyperaesthesia. There are areas of referred pain on the anterior part of the abdomen, due to distension of the appendix. In some cases we can feel, on palpation, the appendix as a hard cord in the right iliac fossa. It may or may not give rise to pain. These attacks occur and last for one hour or several hours. The onset is sudden. They end suddenly, and patient feels perfectly well between them. When the appendix is removed in these cases its lumen will be found filled or distended by filthy secretion due to a catarrhal or ulcerated condition of the mucosae, or there may be a stricture or a kinky condition of the organ. This colic is simply symptomatic of a mild inflammation, the lesions involving only the mucosae or muscular coats of the appendix, but the condition presupposes a subsequent

attack, as sixty per cent. recur. With such a condition favorable for the lodgment and development of microbes with their destructive forces at work, a gangrenous suppuration or perforative appendicitis, with all of its attending dangers, confronts the physician. Regarding the question of removing the appendix during the first twenty-four hours of the first attack, I have no hesitancy in saying that it is the ideal method. Operation during the first twenty-four hours will avoid the risk of having to operate during the second, third, fourth or fifth day, with a mortality of forty per cent. So operate during the first twenty-four hours and the mortality should not exceed five per cent. During the first twenty-four hours the operation is not difficult because few or no adhesions exist. The appendix can be found with little difficulty, and generally it is not perforated; consequently affection of the peritoneum may be slight. The absence or presence of hyperaesthesia will indicate whether there is perforation or not, but if it should disappear during the first twenty-four hours of the attack it is practically certain that the organ is perforated, and that is all the more reason why it should be removed at the earliest opportunity.

There is no doubt that the mortality from appendicitis is too high. We read every day of some well known person dying of appendicitis, and every effort should be made to lessen this mortality. There is in every case a time when operation would mean recovery. If this is

true, and why should it not be true when we know that the mere opening of the abdomen has no danger, then the medical man is responsible for the death. If we could establish precise rules on which diagnosis could be made, then the diagnosis would be the indication for the operation. Is this possible? Do all of us know, who have studied pathology, and particularly recent pathology, in a given case of appendicitis, whether the pain is a symptom which has a microbic element? If so, is it the staphylococcus, the streptococcus? Is it the bacillus colli? Toxins may develop, the absorption of which may cause death and yet give very little general recognition. You may have the appendix loaded with bacilli colli and yet no temperature disturbance. The pulse may have gone up, but if so it has been stimulated by the streptococcus, and there would have been some equilibrium between pulse and temperature. Under such circumstances how are we to know what is going on? One of our well known physicians of color of St. Louis, a few summers ago while attending to his practice was seized with sudden pain in the abdomen, so intense as to cause him to consult one of his friends, a physician who suspected appendicitis. A consultation was held and an immediate operation advised and performed. When his abdomen was opened his pulse was 90, temperature normal, but a large appendical abscess was found. Patient made an uninterrupted recovery. Had non-surgical measures been adopted,

relying on the mild symptoms, hoping for it to subside, another victim would have joined "the innumerable caravan that moves to that mysterious realm where each shall take his chamber in the silent halls of death."

I believe in operating on every case that will leave the table alive, and I am more than ever convinced that when a man can't make a diagnosis he should not trust to his so-called medical treatment. If one cannot make a diagnosis, and it presents the symptoms of appendicitis, and it looks like death, open up the abdomen, for when it is only an exploratory two or three inch incision in the skin it will never kill any one. Don't take refuge behind the so-called conservatism. The most conservative surgeon is the one who conserves the patient's life, however radical his measures. If one is called into a case of appendicitis and makes a diagnosis, you cannot say what the case may be tomorrow. It is absurd to say that we shall wait until tomorrow and see how the case develops. Tomorrow may never come.

While medicine and other palliative measures in my opinion are ineffective in the treatment of appendicitis, I will admit the possibility of spontaneous recovery from appendicitis. I believe that such cases are so infrequent that when taken in connection with the fact that every single attack of appendicitis predisposes to another and more serious one and the second fact that all classical signs of an appendicitis may

disappear and yet the appendicitis remain, I return to the proposition that the appendix in every case of well founded diagnosis should be removed in order to insure the life of the patient. In the language of Dr. Beaver I believe that there is but one treatment for appendicitis, namely, the aseptic scalpel of the surgeon, and it should be called upon as promptly as a diagnosis is made. Clinical experience, unbiased judgment, therapeutics itself teach the absolute uselessness of drugs to control or even affect a progressively inflaming appendix. In face of the facts medical powerlessness becomes by delay medical dawdling.

I desire to further emphasize the necessity for early operation in this disease because of the possibility of other pathological changes in contiguous structures. I refer to the secondary complications of intestinal tuberculosis and cancer. I can find no reference to such complications in the standard text books, nor have I seen any mention of such in the current medical literature, but my attention has been forcibly directed to the importance of this subject in a case under my own care and in another case of newspaper notoriety. The case coming in my experience I saw first on December 15, 1909. He gave a history of acute attack of appendicitis in October, 1908. I have since confirmed this clinical history by a statement of the physician who attended him during that attack. He had a second attack in October, 1909. When I saw him I diagnosed the case as one of chronic

recurrent appendicitis and advised an immediate operation. I operated on the case December 19, 1909, at Garfield Hospital. I found an adherent, thickened appendix. Further examination revealed to my utter consternation intestinal tuberculosis, and further exploratory manipulations showed the interesting fact that it was confined to the ileo-caecal region. The other case was that published recently in the public press concerning a late governor of a western state. It was stated that he was operated upon some months before for an attack of appendicitis. The caecum at that time, so it is reported, showed some other pathological changes. He did not completely recover from pains and disturbances in the right side. Another operation was advised and performed. There was found carcinoma of caecum, and the best that the Mayo brothers could do for him was a palliative operation.

In a paper read before the surgical section of the International Congress on Tuberculosis, Dr. D. N. Eisendrath, in speaking of forms of abdominal tuberculosis, makes reference to primary involvement of the appendix with tuberculosis and cites a number of cases in his own practice to favor his point. This paper of mine was written before reading Dr. Eisendrath's, but it will be noted my statement is that when tuberculosis is found in the ileo-caecal region it is a secondary condition.

While tubercular and malignant involvement of the ileum and caecum as secondary to appendicitis may ap-

pear theoretical, yet it cannot have escaped the observation of operators that not only disease of the intestines but of the stomach occurs almost invariably in those parts that are drawn on by adhesions. We know the pathology of intestinal tuberculosis, ulceration, thickening and contraction, no doubt due to long continued functional activity, as this detracts from the vitality of the part and favors degenerative changes. It is equally true that the preferred site of malignancy is about the former situation of an inflammatory process. Just as a cracked lip, fissured nipple, and lacerated cervix seem essential to the development of cancer in those parts, so selected regions for inflammation in the abdominal cavity seem to make favored sites for malignancy. If these facts are true, as surgical experience would seem to indicate, we must count that which remains after non-surgical treatment of appendicitis as predisposing causes of other pathological changes, and in estimating the value of early operations, due weight should be given the facts brought out.

The greatest criticism of the early operations is that a normal appendix is often removed. I would answer that by saying it is a useless organ so far as we know and a very troublesome one. And further, an appendix which macroscopically appears normal, examined microscopically would show the appendix ulcerated, strictured and inflamed. The reason of so many deaths following operations for appendicitis is that it is done too late. This is largely due

to the medical profession who preach to the laity that it is better to wait until pronounced symptoms are developed in a disease before operating. "Don't operate at once," they say, "it may subside." If there is a large lump present, it is easy to say the patient should be operated upon, but it is in the early stages when the difficulty arises, as it is impossible to know what is going on. To wait for a tumor to appear or for the symptom to subside, in a few hours perforation and death may occur. I have never known a case in competent hands terminate fatally from too early operation, but I have seen many die from being operated upon too late.

In the last four weeks in Freedmen's Hospital, I have had three cases in my service and have seen three other cases operated upon in this period by other surgeons in the same institution, all of whom were on the operating table within twelve hours of the initial symptoms. In one was found a perforated appendix, two gangrenous in an advanced state. All made uninterrupted recoveries. Medical or expectant treatment in these cases, to my mind, would have resulted in death in spite of surgical intervention.

Many eminent surgeons and physicians advocate waiting in acute attack of appendicitis for other reasons. They say wait until the power of resistance has been established. There is a limit to nature's power of resistance, and I think this power as a rule is greatest in every case when the disease has existed the shortest

length of time. No one can make me believe that a person who has been subjected to a septic condition for five days is a better case for operation than one who has been subjected to septic infection for one day. In the last health report of the District of Columbia for the fiscal year of 1908 and 1909 there is recorded 42 as having died from appendicitis and 36 from peritonitis non-puerpal. It is not possible to tell how many of those were given surgical treatment, but I have perused the different hospital reports of this city, covering the same period, and I find that 18 have died following surgical operation. It cannot be stated how many were early or late operations, but it is safe to say, as most of them recorded were suppurative cases, that surgical interference was late. Thus we see of the total death number twenty-three per cent. of that number followed surgical operation and seventy-six per cent. non-surgical treatment. I fear that the majority of this seventy-six per cent. died, being treated with

ice poultices, turpentine stoups, opium and carthartics, and finally disposed of with a pious exclamation, "The Lord's will be done." I consider the non-surgical treatment of this disease in face of all the eminent advocates to the contrary as heretical doctrine which claims its Hecate tombs of misguided victims.

In conclusion I would say, though my paper is presented to a body of men the largest number of whom are general practitioners, I feel the greatest satisfaction since no one has such power to increase the application of surgery as the general practitioner, not by diagnosis alone, but even more by proper comprehension of these morbid conditions most commonly seen by the surgeon. My position summed up is for that treatment which saves the greatest number of lives. I believe that early operation will save more lives than late operations, and that late or early in a given number of cases more lives will be spared than by the so called medical treatment.

Comments on the Journal

Dear Doctor:

Enclosed you will please find \$2.00 subscription for the Journal of the National Medical Association. I really do not know what I owe but you can adjust matters and let me know particulars.

I must congratulate the Association on the production of such an able Journal. I am sure it is a great help to all busy practitioners.

Would you kindly ask the Secretary or Treasurer of the National Medical Association to let me know my indebtedness to the Association. I shall remit the same when I know what the amount is.

Yours faithfully,

W. A. PITT, M. D.,
Nassau, N. P.,
Bahamas, B. W. I.

The Importance of Cell Study in the Practice of To-day's Medicine

**By J. A. ROBINSON, M. D., Darlington, S. C.*

Gentlemen: In presenting you this paper may I say that I believe that we are upon the eve of great recognitions in the realm of medicine. I do not like the term, discovery. The infant, medicine, has grown tremendously during the past few years and empiricism in practice will have disappeared in the near future if the rate of progress does not suffer check in its onward march.

This paper is to an extent speculative; but does not speculation precede fact, and is it not true that the most Utopian dreams of today become the facts of tomorrow, and yesterday is history? Jules Verne wrote "Eighty Days Around the World" and "Twenty Leagues Under the Sea" at a time when those tales were mainly interesting as fiction and regarded as brilliant examples of man's imagination; yet during his lifetime the globe was encircled in less than that time and the submarine boat became a common factor in naval warfare.

My chief object in presenting this subject is to stimulate thought where it exists, and to suggest it where it does not. The present trend of scientific medicine is to specifics, the channel is the serum therapy.

We have been practicing for years on the periphery, hoping to influence

the centres, and strange to say, without giving much study to the centres and observing the various phenomena they present. We have been playing with the leaves and hoping to influence the roots. Our work has been confined to gross anatomy and its functions, without due thought to the underlying histological structure, its anatomy its function and its influence on all connective tissue from its beginning to its full growth and full exercise of its normal physiology.

Therapeutics at its best only teaches us how to apply or administer remedies and the description of the physiological action of a drug goes no further than to tell us that a certain nerve—maybe the pneumogastric—is influenced, say, by digitalis, and so on.

You diagnose your case—say pneumonia or typhoid fever—by the recognition of certain classical symptoms laid down in your text or maybe by exclusion or both. What next? You proceed to treat the symptoms and await results.

The question now naturally arises: What else may or can we do? We answer, practically nothing. But are we to satisfy ourselves and stop at this point? Has the end been reached? Should we not avail ourselves

*Delivered before the Palmetto Medical Association at Spartanburg, S. C., April 28, 1910.

of the advances being made as to the recognition of the cause of disease? Should we not get nearer and in more intimate connection with the vital processes of life and use that knowledge in the consideration of diseased conditions? I have often heard the question asked by the profession as well as the laity, "What is good for this or that disease?" I seldom hear the question, "Why is it good?" and "How does it exert its influence?"

The "Why" is the opener for a train of thought to follow. Start it and no one can tell where it will end or how it will end. All advance on scientific lines started in the "Why." The "Why" made Jenner famous, brought Pasteur and Lister and a host of others into prominence, and proved a blessing to humanity. I would recommend to you each to follow the "Why," maybe not with the brilliancy and result of a Pasteur, but with the ability you may have lying latent in you, and you may be surprised at the amount of reserve force you will summon to the front which might result in material benefit to the mass of suffering humanity daily appealing to you. This is speculation. The fact is, however, that you will be better prepared to practice after you have used the "Why" than before such an interrogatory was taken up by you. We are too superficial. We must plough deeply if a result is obtained.

Geologists tell us the ages run from the "Azoic" to the "Age of Man." They teach us that through successive stages the earth was being

prepared for man. The vital phenomena began with the plant or Carboniferous Age. Time will not allow us to take up plant anatomy or physiology, but we know that the plant life is the medium through which inorganic matter is taken from the earth and transformed into the organic which, in turn, feeds and sustains the animal kingdom from its lowest form to its highest development—Man.

We cannot understand or fully appreciate the animal economy if we do not study life in its simplest form, and by this I mean the independent cell—from which every thing comes.

The accepted definition of a cell is a mass of nucleated protoplasm with or without a cell membrane. All biologists are agreed that the nucleus of a cell cannot exist without the protoplasm and the protoplasm cannot exist without the nucleus. The revelations of the microscope cover but a period, approximately, of a quarter of a century and are concomitant with the strides of electricity, as manifested in the telephone, wireless telegraphy, electrotherapeutics. Time will not allow me to enumerate the various and great developments of the last twenty-five years; this simple suggestion will instantly call them up before you.

It is not my intention to have you become biologists, but I do contend that every intelligent physician should know the fundamentals of biology to the extent of being able to appreciate its phenomena, in order to intelligently comprehend the physiology of normal animal life and place them-

selves in a position to deal with its pathology or abnormal conditions which our profession is supposed to relieve and palliate, if not cure. We are supposed to deal with the human being and this makes our work a bit more complex as we must add the psychical phenomena to the physiological, if we would be successful or, at least, real physicians instead of pill-givers and empiricists, ending where we started and extracting a living by the possession of a degree, but contributing nothing to that profession which helps man into the world, sustains him during his sojourn, and seeks to make him comfortable as he is about to complete the cycle and return from whence he came and to Him who created the original cell that gave him existence. For we are:

"But helpless pieces of the game He plays
Upon this checker-board of nights and
days,
Hither and thither moves and checks and
slays,
And one by one back in the closet lays."

I will assume your knowledge of embryology or at least its principles, also your knowledge of human embryology from the moment the male spermatozoa penetrates the female pro-nucleus and the original cell is formed, its multiplication by division, its process of karyokinesis, the formation of blastodermic material, etc.

I have mentioned plant life as the starting point of the vital phenomena, but cannot dwell upon the plant cell, its physiology, anatomy or its beautiful process of transforming inorganic matter into organic by its digestive power. I must confine my few re-

marks to the animal cell and the phenomena it presents, which phenomena finds expression in nutrition, sensation, growth and reproduction.

Do not ask me from whence comes the cell, for I will tell you from some other cell, and so on and on. Do not ask me what is the cell, else I tell you a mass of protoplasm with a nucleus or nuclei. What gives it its life? Why its mother cell and the same vital part of it, it will transmit to the daughter cell.

The Amoeba is usually taken as the type of the independent animal cell and in it we can find the entire train of phenomena that later finds expression in the complex being—Man. It is interesting to study its method of nutrition as the presence of food near it stimulates its appetite. Now watch it as it extends its pseudopodia, surrounding the food and taking it into its self and after it has extracted what it needs for its nutrition it exercises its power of rejection by expelling through a vacuole, which appears at its surface, the part that was not needed for its nutrition or the residue. Here we have an example of digestion in its simplest form. The taking of food, extraction by the cell elements or enzymes that which was needed for its nutrition and expelling that which was not, thereby allowing it to go back from whence it came. This cell is also capable of motion, moving by elongation and drawing itself up to the circular form again, constituting amoeboid movements. It exhibits growth in response to nutrition and when its maturity has been reached it exhibits its power

of reproduction by a constricted elongation of its nucleus each half rolling itself into a ball, dividing and seeking opposite poles, thus giving us two daughter cells to perform the same cycle of nutrition, motion, sensation, growth and reproduction. Cell life, like the human life, cannot be described by a straight line, but begins at a given point in a circle, reaching its maturity at a point opposite that from which it started, then the decline of life commences to become completely lost at the point of the circle from which it started, the death of the mother cell, the birth of the daughter cells. In passing, may I say a word concerning the vegetable cell or bacteria which also dividies, but does so abruptly by breaking in half, as for an example the rod bacillus of tuberculosis, and constituting new cells. These cells also differ from the animal cell in that they absorb their food directly from the elements and in that the membrane surrounding them is very indistinct, giving the impression of consisting of the nucleus only. However, they are endowed with a digestive apparatus working within their membrane that does the work of the enzymes whether an organized or unorganized ferment.

Again, the cell is sensitive to changes. For example, at a temperature higher than the normal, their action begins to cease and at an extremely high temperature the cell, like the human being, dies. At a temperature lower than normal, action is interfered with and a continued low erring of temperature

ends its existence. The cell also exhibits the function of respiration, as does the human being. It requires a certain amount of oxygen to work normally. Over-charge it with carbon dioxide and it dies. In short, to get the best results, and by this I mean the normal physiology of the cell, there must be an equally balanced condition, else a pathological condition appears and a diseased cell is the result as in the case of the individual.

The time allowed me is too brief, except to skim the surface of this subject and then only in spots. Yet if I awaken any interest in pursuing this important subject, if I can draw your attention from the periphery and direct it to the center, if I can place before you the necessity of reasoning from effect to cause and vice versa which must bring you to prime cause, I shall be gratified and feel that my time has been well spent.

Some one has said that we cannot tell what a cell is, for though we can tell chemically what it contains or most of it, yet the knowledge as to its life power is a locked door to us. We cannot find the key that fits it. What we do know is the manifestations of the cell's vitality. All else is mystery. The door is on the other side firmly locked.

We will now briefly consider the cell function which appeals to us daily in our practice, and that is the production of enzymes or ferments. We said a few moments ago that we found two enzymes in connection with the cell—the organized, that

which was produced by the cell and remained in it for its own assimilation of food for its nutrition, and the unorganized, that which was produced by it and escaped from it to act independently of it to aid in the digestion and assimilation of food taken in the animal economy for its nutrition. For example, there are those acting in the stomach and converting food into peptones by selective action, and there are those acting in the intestines on the fats and starches, emulsifying the former and converting the latter into an assimilative form by its diastatic action. These enzymes act independently of the cell producing them, for if chloroform be added to the cell and its action stopped the enzymes continue to act and we have catalysis present. The walls of the digestive apparatus are not a membrane-like parchment nor is the process of food passing from the alimentary canal or tract into the blood one of osmosis. The enzymes are the go-betweens, attacking the food, converting it into peptones, etc., and handing it so changed over to the blood to be carried to the various tissues of the body. The enzymes remain enzymes and while doing the work are not a part of the changed substance they form, but produce the change without appearing in the product. By this we can see the necessity of pure air, water and food free from poisonous substances, else the cell is inhibited in its normal functions and pathological changes take place in the cell and as the body

is a mass of cells it is likewise effected and health is impaired, normal tone lowered and a general pathological condition is the result.

I said in the beginning that I believed we are on the eve of brilliant recognitions and that the trend is to specifics based on our present knowledge of the functions of the cell, and that the channel was the serum therapy. Some positive results have been obtained. Wright has done much in his recognition of the opsonic index as based on cell response. Anti-toxin and the anti-toxins—diphtheretic, erysipelas, the Niesser bacillus and, to a slight extent, the anti-tetanic serum—have given us positive results. We no longer shake the boughs to uproot the tree. Yet much is speculative; for syphilis and its spirochete still baffle us and we must hug Mercury; cancer defies us, and that terrible scourge, tuberculosis, still stalks the land, claiming prey that causes war and famine to shrink into insignificance as we compare the number of victims. I am looking forward, however, to the complete mastery of these diseases. The specific for each might be at our doors knocking for admission. We are sleeping while they knock. Who will wake, arise and open the door? One of my brother physicians said to me a few days ago that it seems we are as far from recognizing the cure of certain diseases as we were hundreds of years ago. My answer to him was that he was wrong. We are hundreds of years nearer today and perhaps on the threshold of recognition and do not

know it. We need close application to the study of the cell. We need more pathfinders. The privates can be found in numbers. The generals must be carefully sought if we would win battles on the field of war as well as in the field of science.

In conclusion, brethren, in this noble profession, may I say use your talents whether they are one or ten to seek truth. Strike deep. Let your goal be to remove from humanity its ills by and through the study of effect and cause. Annihilate the cause by specific blows if disease is present. Prevent disease by intelli-

gent understanding of its modes of entrance. Help to bring about the normal birth, growth, maturity, decline and death only when the cycle has been travelled, and death only becomes a necessity to a new birth as exemplified by the cell when conditions allow it to maintain its normal condition or tone.

This is an Utopian dream today. It might be the fact tomorrow. If the lock is in the universe the key must be there also. Hunt for it as the knights did for the Holy Grail. Find it, and then the Sphinx will speak.

Comment on the Journal

Dear Dr. Kenney:

I thank you very much for a copy of the recent issue of your Journal. I would congratulate you upon the sanity of your discussion of a topic which under the circumstances might readily lead to intemperate language. Your carefulness of statement and your appeal to reason and to the recognition of actual facts in itself is a most hopeful bit of evidence. The leaders in the medical profession among the colored people are to be congratulated upon taking this attitude in discussing questions which might otherwise develop unfortunate tendencies.

At the same time I would like to suggest that the statements of this one prominent physician, while they may be echoed by many others all over the South, do not necessarily represent the thought of every man of rank in the profession. At the same time it may be well to note that the unfortunate generalization which characterizes the address quoted from the American Medical

Association Journal is eminently typical of the way in which most public questions are considered by the average person. As in this case, the white man has generalized in a fashion which I fear is not warranted, while in many cases in my own experience I find that the leaders of the race discourage themselves and confuse the issues of similar generalization from the standpoint of the Negro himself.

While working out this particular question, may you not at the same time use the discussion as a means for emphasizing to the leading men of the profession the need of careful consideration of the many vital problems which can so easily be confused by broad generalization without reference to facts and conditions which affect the problem itself and its adequate solution.

Again I wish you success in your editorial work as well as in other work you are doing at Tuskegee.

Very truly yours,

American Tuberculosis Exhibition,
E. G. ROUTZAHN, Director.

Some Experiments with Animal Parasites

With Special Reference to
the Hookworm in the Negro*

Mr. President and Members of the Association: It is with a deep sense of obligation and feeling of gratitude that I come before you on this occasion with a subject that has produced so much discussion of late in the medical profession, and at the same time come so near our race, threatening us with becoming the bone of contention in the profession as the carriers and disseminators of Uncinariasis or hookworm disease.

What is true of one disease is usually true, in a large degree, of all diseases of that class; the method pursued in one case is not far different from the method pursued in all diseases of that class. In order to get at the bottom of this hookworm disease, I thought a review of the experiments used in determining the source of all intestinal diseases would be of service in this case, hence the experiments I relate to you.

The chicken was used as a subject, because of its frequent use as food, because of the faulty method used in preparing it for the table in some families; also because of the filthy habits of the chicken, for it will eat any and everything, especially the excreta of other animals, thereby becoming the host for many intestinal parasites.

The hog and cow carry several intestinal parasites, some of which are infectious to man. These are the ones we fear the chicken may carry. The dog will carry several parasites; of these we are certain that two are infectious to man, viz., a variety of tapeworm and the hookworm.

The experiments covered a series of 25 chickens; of which 13 were bought in the market from marketmen who lived in the country and let their chickens run at large in the stable, barnyard and hog pen, and the writer raised twelve (using an incubator). This fact is mentioned to show that the controlled chickens were free from parasites or at least had a chance to be. They were given pure food, pure water (city hydrant), and a perfectly clean surrounding. The temperature was carefully looked after. These are the conditions we are striving to have our citizens possess. I am now ready to begin relating my experiments.

EXPERIMENT 1

One of the healthy chickens was killed and the intestines removed and examined in warm salt solution; no parasites of any variety.

*Delivered before the Tennessee State Medical Association at Knoxville by Dr. J. H. Holman, Professor of Bacteriology and Experimental Pathology in Meharry Medical College, Nashville, Tennessee.

EXPERIMENT 2

One of the chickens bought in the market was killed under the same precaution as Experiment 1, the intestinal tract removed and examined; it contained two varieties of parasites, viz., the tape and the round worm. Some of these chopped up intestines were given to a healthy chicken and the same isolated and given all the care you would give a person under similar conditions; after three weeks the chicken was killed and the same parasites were found in its intestines, but they were smaller than those found in the naturally infected animal.

Note, gentlemen, that I have no intermediate host, and only a stop of three weeks in the intestinal tract of my subject.

EXPERIMENT 3

I mixed some earth and excreta from the naturally infected chicken and scarified the thigh of a controlled chicken; after three weeks I made an experiment and found no parasites. These experiments were repeated over and over with the results as stated. The more I worked at the subject the more fascinating it grew, so I began looking up literature on the subject and I found none on this particular subject. You will observe that this work is new in more than one way, especially in using chickens instead of cats and dogs. Since we use the chicken for food I think it is germane to the profession that we know some of its characteristics in reference to diseases.

EXPERIMENT 4

Using the human excreta I fed a healthy chicken some hookworm excreta mixed with bread and isolated it. In eight weeks the animal was experimented on and I show you what I recovered from his intestinal tract. I also show you the hookworm from the human excreta.

It is admitted that flies carry disease, and if hookworm is transmitted by inoculation it is probable that they are disseminators of hookworm.

I relate three experiences I have had with flies: Within the last year I have had three patients appear before me suffering from the effects of fly bites. In each case the fly was described as a large fly, larger than the house fly and somewhat like him in other respects. The most pronounced symptom was a swelling and itching of the part bitten, which lasted several hours in one case, twenty-four hours in another and forty-eight hours in the other.

The hookworm is a very old disease, having been known 3,500 years ago. There are two types of the disease or rather two varieties of the parasite: the Old World and the New World types. The New World type is the one that concerns us most. Both types are found in Africa and infect the inhabitants. The worm reproduces by laying eggs; the female will lay several thousand while in the intestinal tract of an animal. The egg undergoes several ecdyses before it is an embryo of sufficient size to do damage. It re-

quires an intermediate host in some cases, but it is possible to infect without. (See Stiles for information). They produce pathology by adding to the blood and by taking from it. They can be taken from the body without doing damage to the body. It is said that in Egypt nearly every post-mortem shows signs of hookworm. In India the disease is very prevalent. It is said that hookworm lowers the intellectual capacity of the Negro race.

Loose's experiment is strong evidence in favor of hookworm being transmitted by inoculation. Prevent by burning all excreta.

The diagnosis is certain when we find the worm or ova in the feces. Treatment, thymol.

SUMMARY:

From all sources of information we are a unit on the fact that hookworm is infectious. I am unable to

see why they do not produce emboli in passing through the small vessels.

My experiments failed to show infection after the inoculation method.

Second, that an intermediate host is not absolutely necessary.

Third, that clean food, drink, and surroundings, coupled with proper clothing, will prevent all alimentary diseases depending upon parasites.

Fourth, they show the danger of fertilizing the ground with animal excreta, unless that excreta has been subjected to a series of disinfections.

Fifth, they show the close relation between the intestinal infectious diseases in man and that in the lower animals.

With these few words I close, hoping that they will serve their purpose in stimulating the profession to more laboratory investigation, with the determination to enlarge our knowledge on these parasitic diseases.

Comments on the Journal

I feel that each issue of the Journal is an improvement on the other. I hope to see the day when it is issued monthly.

W. C. GORDON, M. D.,
Springfield, Ohio.

The last copy of the Journal was very interesting.

Very truly yours,

J. M. THOMPSON, M. D.,
Charleston, S. C.

Your magazine is fine and I am going to subscribe for it on my return home. I am en route to Boston. I am proud of the Association.

Yours,

I. GARLAND PENN,
Atlanta, Ga.

President's Address*

To say that I am pleased but mildly expresses the extreme felicitation and gratification I feel in presenting myself to you as President of the State Association of Physicians, Surgeons, Dentists and Pharmacists of Tennessee. The personnel of the Association, the depth and expanse of its influence socially, intellectually and morally, place upon him who wears the ermine of the office of president an exalted honor, the memory of which, in future years, will be an oasis in the desert spots of life's journey.

When your kind invitation came to meet with you here, we felt that no better or fairer place could be chosen. And well has our judgment proved correct. Beautiful in situation is Knoxville, Gem of the Valley of East Tennessee, the surrounding elevations from which issue brooklets of sparkling water, meandering to the fertile valleys below, lending a poetic effect unequaled, unsurpassed. The blue of her skies is only equaled by the light that shines from her fair maidens' eyes. The green of her grass is like unto the green of the Emerald Isle. As eagerly doth her day leap forth to meet the sun-god in his triumphal march across the heavens as a waiting maiden the embracing arms of her truant lover. Thus environed, our deliberations cannot be other than pleasing and profitable.

Grecian mythology teaches that medicine was presided over by Æsculapius, god of the healing art. He was instructed by Chiron, the centaur, who taught him the power of plants, the properties of herbs and cures for the various diseases that afflict the human body. He brought the art to such a perfection that he not only had the power to ward off disease but to restore the dead to life. Because of his craft, Hades was becoming depopulated; Zeus, accordingly, slew him with a thunderbolt. After his death his daughter, Hygea, carried on the work of healing. Horace, in one of his odes, tells us that "The presumptuous son of Iapetus, by an impious fraud, brought down fire into the world. After fire was stolen from the celestial mansion, consumption and a new train of fevers settled upon the earth and the slow necessity of death, which till then was remote, accelerated its pace." Thus the earliest account that we have of the origin of disease, though fabulous, is that it was a penalty for wrong inflicted by the gods. Be that as it may. Certain the practice of medicine antedates the memory of man and it is peculiarly human in its nature. It bestows upon its devotees power almost divine. The physician holds the power to stop the wheels of justice, stay a ship in mid-ocean, or delay the making of an empire. He

* Before the Tennessee State Medical Society at Knoxville, Tennessee, June 21, 1910, by C. O. Hadley, M. D.

can hoist a yellow flag and convert a thriving populous city into a desert. He knows no bounds nor barriers. Hovels and palaces, dens and drawing rooms are opened alike to him. The keys of life and death are his and right nobly doth he bear them. In ameliorating the ravages of smallpox by vaccination; in checking the spread of yellow fever by quarantine, isolation, and sanitation, to say nothing of the various diseases that he has chained down, renders the physician a public benefactor of the highest type and an economic agent to be reckoned with. The combined attack of the physician and laity, with a broadside, has already begun to silence the batteries of the great white plague.

The penalties of the profession are many; first of all, the physician has no hours that anyone is bound to respect. Daylight and darkness, midnight and noonday, he must stand ready to respond to any call, and nothing but extreme bodily illness excuses him, and not always then, for some think it a downright affront for a physician to be sick. Who cares whether a doctor is in his bath or in his bed, on his holiday or at the theatre or church; if any of the sons of man have a pain he must go quickly and whatever vitality he has accumulated during his hours of leisure is quickly dragged out of him. In fire, famine, pestilence, plague, murder or sudden death, he presents himself and there remains until strength fails or conscience relieves him. And what does he receive for this? Often nothing but a

satisfied conscience of having done his duty to a fellow being. And let me say right here, let no one deceive himself, for in accordance with the time spent and the energy put into its practice, medicine is the poorest paid of all the professions.

Notwithstanding the poor pay the field of medicine is no place for the ill-prepared, half-formed. The bedside is no place for theory or experiment.

Medical education should be thorough and liberal. I quote from Voltaire these lines: "But nothing is more estimable than a physician, who, having studied nature from his youth, knows the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution and pays equal attention to the rich and poor."

To master to a reasonable degree the science of medicine and to exercise advantageously the healing art, due preparatory steps are requisite and mandatory. A knowledge of many of the other sciences is preparatory and subserves that of the science of medicine. The mental gymnastics attained in the study of the classics, in the untangling of intricate mathematical problems, in studying the physical laws of nature, in expanding one's knowledge of the universe whether in searching the ethereal regions or in studying the development of the earth from the archaic to the present age, serve not only to give the mind a more easy comprehension of the science of medicine, but it renders the mind most fit to go through the syllogistic

course of reasoning necessary in making a diagnostic conclusion. A diagnosis having been made, a systematically trained mind can more readily summon the necessary agent for relief. Let it be the sentiment of the Association that we encourage the efforts of our colleges to raise the requirement for entrance of those who are seeking this field of the professions. It has been said that a wise physician is more than an army to the public weal.

The womb of time is continually yielding new perplexities for the physician, and allow me to say in this connection that since American customs have made the Negro and Negro institutions a separate social entity, the Negro physician has a broader responsibility than that of administering to the sick. Whether or not the Negro is a distributing agency for the bacillus tuberculosis and the hookworm, as recent publications have claimed, it remains for the Negro physician to investigate and verify or refute, as the case may be. Such allegations should not remain unchallenged. They are a serious injustice if false, for in them are the only reasonable hypothesis yet produced for race antagonism. Be they true or false their agitation has its economic bearing and will disturb the productive capability of the race and the section of the country wherein the race resides to a degree that only the closest student of social and economic science can presage. The Negro and the South are so closely associated that the welfare of the one is the welfare of

the other. These arguments were brought to your attention to show the responsibility of the Negro physician in the light of the present generation and in the prospects of the future.

RECOMMENDATIONS

These are as follows: That the Association become a chartered organization for obvious reasons. Second, that since during the six years of the life of the Association it has manifestly been going through its formative state, and since it has about reached its majority, it is opportune that the constitution and by-laws be revised to meet the present requirements. More specifically, that the office of statistician be created. That a section in dentistry be legalized and maintained. That the term of the office of corresponding secretary be lengthened to three years. To have a three days' session for the annual meeting. And other equally vital alterations that would suggest themselves to a committee appointed for that purpose. These recommendations I submit for your consideration, the welfare of the Association demanding.

And now, fellow physicians, if we would conserve the highest good to frail humanity and assure to ourselves the highest development, we must take up the spirit of the age—co-operation—as demonstrated in the formation of trusts and combines and an amalgamated control of wealth. We have taken a great forward step in this direction, in the formation of state and local medical societies, such as are represented here today.

By such co-operation, standards for the practice of medicine may be raised, theories enlarged into practical demonstrable facts, and such sympathies received and encouragement gained as will indeed make us a human brotherhood, following in the steps of the Lowly Nazarene, who was himself the greatest physician of them all. Thrilled by the inspiration we shall receive here, let us like a broadly moving phalanx advancing upon the heels of a retreating army, catch step and shoulder to shoulder and heart beat to heart beat, array ourselves as knights in the conflict with disease and death.

The resources of medicine are large and varied. Science is continually yielding and unfolding from her copious bosom knowledge which elevates us to those dizzy heights which only gods can know. As mighty Zeus, from high Olympus, belched forth his thunderings to the cavernous deep and sent forth his lightning to the hidden recesses of the farthest world, our combined influence will set in motion waves of power and intelligence which will girdle the earth and even then, unspent, end its circling in eternity and the wisdom of an Infinite God.

“Medical Freedom”

Makers of patent medicines, adulterators of drugs, and practitioners of the cults of mental and osteopathic healing are up in arms. They have persuaded a few well-intentioned but misled individuals to join them, and have formed the “National League for Medical Freedom” to oppose the efforts of practically all the reputable physicians in the country, to consolidate the agencies of public health at Washington into one efficient department or bureau.

These efforts have been waxing stronger. The men of the American Medical Association and of the Committee of One Hundred on National Health, sanctioned by the Association for the Advancement of Science and headed by Prof. Irving Fisher of Yale, have won the approval of the entire press of the United States in urging the passage of their bill. In the various departments and bureaus of the Federal Government are lodged powers that cannot be wielded effectively until they shall be

co-ordinated under one head. Once united, they can be used in a great propaganda for educating the people against the habit of self-dosage and a resort to quack medicines for their ailments. By a campaign of prevention the bureau would break the prevalence of epidemics and infections between the states. It would work for the passage of laws that would guard the channels of inter-state commerce against the admission of adulterated drugs, and for the establishment of standards of purity and strength that would be copied by the states and cities of the nation.

The self-styled “League for Medical Freedom” quotes Prof. Fisher accusingly as having said that the government might soon be appropriating millions yearly for the conduct of this bureau. If it should appropriate a million for every hundred thousand it now appropriates for the protection of the health of hogs and cattle in the United States, Prof. Fisher’s prophecy would be fulfilled, and no one would have cause for complaint but these friends of “freedom.” Their cry is an old one and well understood. License they mean, when liberty they cry.—Editorial from the New York Times.

Vitality of the Negroes

Comparison of Death Rate With that of the Whites

**By C. V. ROMAN, M. D., Nashville, Tenn.*

Few things are more important to a country than the physical well-being of its citizens. Vitality is an indispensable asset of progress. Invalidism is a governmental deficit and an increasing death rate is a menace to the perpetuity of the state. This is especially true of the laboring classes. The vast majority of colored people are laborers. Hence, Negro vitality becomes an important item in the welfare of the state. In view of all that is being said about health conditions and the Negro, an examination of the mortality rates of the capital city of Tennessee is instructive.

The vital statistics of Nashville begin January, 1875. So we have thirty-five years' record, ending December, 1909. The tables show the white death rate for the first year (1875) was 25.78 per thousand, and, with a fluctuating improvement, reached 11.56 in 1909, the average for the thirty-five years being 16.03. The colored people began with a rate of 49.69 for the first year and with like variations reached 19.37 in 1909, the average for the whole period being 28.35.

Thus it will be seen that the Negro has not only improved his death rate from 49.69 in a thousand to 19.37, but has maintained the ratio to the white death rate. That is,

he has not lost the relative position with which he started. He has, in fact, gained a little.

If these figures of the capital city are typical of the conditions in the state generally—and there is no reason to doubt that they are—the facts are encouraging alike to the white and colored people of this state. In reaching this conclusion, I am not unmindful of the exceptional advantages of Nashville. Its beautiful location, its exceptional educational facilities and its rich and productive surrounding farms are all highly contributory to health and longevity, as the many old inhabitants prove. The advantage of rural over urban life would tend to bring up the average of less favored places and render it fair to take Nashville's vital statistics as representative of the state.

Really, I think the average of the state would be even better, because of the salubrity and extent of the rural portions. But why should the Negro death rate be twice as high as the white in the same community? The reasons are racial and environmental.

Under the first head may be noted three closely related causes that act and react upon one another.

They are: (a) Anatomic con-

**From the Nashville American, Anniversary Edition.*

struction; (b) Climatic adaptability; (c) Dietetic efficiency.

The average white inhabitant is better prepared personally to meet the vital exactions of a cold climate than the average colored inhabitant. This arises from experience. Biologically, successive generations may be regarded as the continuation of an individual; and the physical and mental, as well as the moral potentialities of a person depend upon two factors—what he inherits and what he acquires. With equal opportunities for acquiring, it can readily be seen that inheritance may become the determining factor in the struggle for existence. Thus an amphibian would seem to have an advantage over either an aquatic or a land animal in the struggle to survive; but equalize the opportunities for acquiring, that is, confine him either to the land or the water, and his inferiority at once becomes manifest. In other words, inheritance quickly becomes the dominating factor in the struggle for existence. The white man has had many, many generations more of experience in a temperate climate than the Negro. According to well established biological laws, then, he ought to have the greater endurance in meeting the exactions of the changeable temperate climate. In a tropical climate the hereditary preponderance shifts at once to the black man's side.

Under environment come personal hygiene, public sanitation, poverty, ignorance, etc.

"To him that hath shall be given" is as true biologically as financially, and the one who gets the advantage in inheritance is apt to possess the advantage in acquiring. Accordingly we find the Negro's sanitary condition subject to the will, if not the whim, of the white man, who determines where he shall live and what kind of water, sewerage, lights, streets, etc., he shall have. But enough of explanation. Is there no remedy for this community burden of a double death rate? I think there is. The forces of amelioration are already at work. They are: the increasing intelligence of the colored population, improving morals, and decreasing poverty. These can be made more active by an increasing patriotism and altruism on the part of our professional classes—teachers, preachers and doctors, especially. The white people can greatly facilitate matters in two ways that have not been entirely neglected in the past, but have not received the consideration their importance deserves.

1. Actively encourage the worthy professional class among us.

2. Help us to make social distinctions and increase the influence of the better class of colored people over the weak and worthless elements.



E c z e m a

**By S. G. CARRUTHERS, M. D.,*

Eczema is so protean in its nature, that it is impossible to formulate a definition that will be comprehensive enough to describe the multitudinous changes which are apt to occur during its course. There are, however, certain characteristics of this malady which, if taken together, will serve to distinguish it from other inflammatory diseases of the skin. This affection may be well described as an acute, sub-acute, or chronic, catarrhal inflammatory disease, characterized in the beginning by the appearance of erythema, papules pustules, or vesicles, or a combination of these lesions, with a variable amount of infiltration and thickening, terminating either in discharge with the formation of crusts, or in desquamation and accompanied by more or less intense itching and a feeling of heat or burning.

There are recognized four elementary or primary types of eczema, viz., E. Erythematosum, E. Papulosum, E. Vesiculosum, and E. Pustulosum. Every case of eczema begins as one or the other of these types. It must be remembered that these types may exist as independent eruptions or they may co-exist, presenting what is known as a mixed eruption. While it is convenient to thus separate or classify these primary forms we must understand that they cannot be too trenchantly separated, for they are one and all manifestations of the

same morbid process. The several varieties may appear at or about the same time, either in the same locality or in different places, or one type may quickly eventuate into another. As a general rule where the eruption is mixed one type will predominate.

E. ERYTHEMATOSUM

In this variety of eczema any portion of the skin surface may be the seat of lesions, but it is met with more often upon the face and genitals and less frequently upon the arms. Erythematous eczema begins as ill-defined, bright or dark red spots, which soon coalesce and form large diffuse areas. As the process of inflammation advances the skin becomes roughened and infiltrated. When the region about the eyes is involved marked edema is noticed and the lids may become either partially or completely closed. This variety is attended with considerable itching and heat. Convalescence is characterized by a fading of the red color, a bran-like desquamation, and the appearance of sound areas of skin. This variety may run an acute course and end in recovery or it may become chronic.

E. PAPULOSUM

This form of the disease appears nearly always upon the extremities—the arms and legs. The papules may be either discrete or closely aggregated into patches. The itching is more severe in this than in any

*Read at Meeting of the Tennessee State Association at Knoxville, Tenn., June 22, 1910.

other variety; so much is this true that patients often do themselves considerable harm seeking temporary relief by scratching.

E. VESICULOSUM

This variety is considered the most typical form of eczema. However that may be, it is certain that we see this variety more frequently in private practice. In the beginning the individual complains of a tingling sensation and a feeling of heat. Soon vesicles in large or small numbers appear, seated upon an inflamed base. These readily become confluent and rupture, allowing the escape of a sticky serum which dries and gives to the linen a starched consistency. The drying of this exudation produces yellow gummy crusts. Upon the rupture of the vesicles, the subjective symptoms abate to a certain extent. While no part of the body is exempt the hands and feet are the parts most frequently involved. When vesicular eczema appeared upon the face of infants the older writers termed it "milk crust." During an attack of this form of the disease, burning, itching and soreness may be severe, especially when a new crop of vesicles is about to erupt. E. Vesiculosum runs its course in a few weeks or months and ends in recovery or it may terminate in the secondary type known as eczema rubrum.

E. PUSTULOSUM

This variety may begin as such or it may be developed from one of the preceding varieties. The face and scalp of poorly nourished children are the parts most frequently attacked.

Itching is not at all severe. The chronic forms of the disease are eczema rubrum and eczema squamosum. Both of these forms are continuations or modifications of the primary types.

ETIOLOGY

Both local and constitutional factors enter into the etiology of eczema. Such chemical irritants as strong soaps, arnica, mustard, surgical dressings and the like may provoke an attack of this malady. Firemen and blacksmiths may develop the disease on account of the artificial heat to which they are constantly subjected. The friction of clothing, tight garters, and parasites may produce or aggravate the disease.

Among the constitutional factors in the causation of this affection, alimentary disorders stand first. Errors of diet, causing faulty assimilation and elimination, must be regarded as a common cause of eczema both in adults and children or infants. These errors manifest themselves in one form or another of dyspepsia and constipation, and in addition to that, troublesome skin lesions are present. Gout and rheumatism are regarded as important causative factors by some. Some cases of eczema seem to be due to disturbances of the nervous system; these may develop as the result of psychic shock, emotional excitement or from that lowered and depraved state of the nervous system known as neurasthenia. Among the other important etiological factors may be mentioned diabetes, utero-ovarian diseases, anemia, tuberculosis and

such physiological conditions as pregnancy and lactation. As a primary factor I believe that micro-organisms play a very unimportant part in the etiology of eczema. It is no doubt true that many of the secondary changes are due to these micro-organisms.

DIAGNOSIS

The clinical expressions of eczema are so varied that it might seem extremely difficult to separate it from other inflammatory conditions of the skin. There are a few characteristics of this disease which, if kept in mind, will guide the observer to correct conclusions. These briefly: redness, papules, vesicles, and pustules as primary manifestations; the tendency towards discharge, thickening and infiltration together with burning and itching. All of these will not be present in every case but there will be a sufficient number to distinguish eczema from other conditions. In this very incomplete survey of eczema it will be permitted us to mention only a few of the diseases for which this disease may be mistaken. I believe that scabies is mistaken for eczema about as often as any other skin affection. Scabies appears in the webs of the fingers and toes, about the wrists and folds of the buttocks. The itching is more severe at night and is aggravated by the warmth of the bed; furthermore, it is highly contagious.

Herpes Zoster is sometimes likely to be confounded with vesicular eczema. In this condition the eruption is usually unilateral and

distributed along the line of some nerve, principally the intercostals. Zoster is always preceded and accompanied by neuralgic pains; the vesicles dry up; they seldom rupture of their own accord. Sycosis may, to some extent, resemble pustular eczema, but this affection is limited to the bearded region and this cannot be said of eczema. Erysipelas only bears a superficial resemblance to erythematous eczema. Then eczema is not attended with grave constitutional symptoms. Psoriasis, Tinea Circinata, Lichen Planus, and even Pediculosis Corporis may at times simulate some form of eczema.

TREATMENT

Nearly every case of eczema will yield to persistent and intelligent treatment. I know of not a single other disease in which attention to detail is more essential to success. It is of the utmost importance to have the co-operation of the patient. The acute cases are always more amenable to treatment than the old chronic or sluggish ones. In the first place, try to determine the cause and endeavor to remove it. Remember that for this disease there are no specifics, what will benefit one case will be decidedly injurious in another. The approved treatment of eczema today is both constitutional and local. In the treatment of this disease, I mean by constitutional treatment everything that can be done to improve my patient except the local application of remedies. I would mention outdoor exercise, regulation of the habits and the giving of internal remedies.

It is important to see to it that all errors of diet are corrected. Babies and young children are the greatest sufferers from dietetic errors. Among adults I find that the question of what to eat cannot be settled by drawing hard and fast lines. Generally salt meats, pork, rich gravies, sausage and rich pastries should be avoided. It is highly important to keep the bowels in good order; this is an important factor in the treatment of eczema. For this purpose I often order a teaspoonful or a tablespoonful of powdered sulphur to a glass of water one hour before breakfast. In addition to this patients are requested to drink water freely between meals. Of the saline laxatives, magnesia sulphate seems to give satisfactory results. In young children I give fractional doses of calomel or teaspoonful doses of castor oil. In acute cases of eczema a brisk cathartic in most instances will prove beneficial immediately. I give two tablespoonsful of magnesia sulphate to a glass of hot water when constipation is severe and the inflammation of the skin surface runs high.

When tonic treatment is necessary and anemia is a factor, some form of iron should be given. Cod-liver oil is the one grand remedy for those patients of strumous diathesis, especially children with enlarged glands. Sometimes it becomes necessary to use a diuretic in the treatment of this disease. Again, let me call your attention to the use of large quantities of water between meals; this is simple but a most effective means of flushing the kidneys. Again urotro-

pin, up to thirty grains daily, has been of great service in my hands in cases of eczema accompanied with renal insufficiency.

Of the so-called special remedies, possibly arsenic stands first in importance. This agent has been greatly abused. Arsenic is a most efficient remedy in its place, and no agent every responds more promptly when indicated. It is not indicated in acute cases. When given even in small doses the inflammatory process is aggravated. The sphere of arsenic is in those old chronic cases where there is the tendency towards desquamation. In sub-acute cases this remedy may be given where the inflammation has never run high. The wine of antimony in five grain doses is said to be of service in some cases. The use of the oil of turpentine is reputed to be an excellent remedy.

The number of local applications are many and we shall not attempt to enumerate all of the powders, lotions and ointments recommended for the treatment of this affection. In the acute cases where the inflammation runs high and the burning and itching are almost unbearable, let your applications be as soothing as possible. Powders are often very useful. Either wheat starch, rice flour, corn starch or bismuth subnitrate may be used to advantage. When the eczema is moist, lotions are to be preferred. A simple saturated solution of boric acid is often very beneficial. When there is not much exudation, soothing ointments may be used if conditions warrant the use of them. To

these lotions and ointments carbolic acid is often added. Care should be exercised in adding this agent to preparations meant for the treatment of acutely inflamed areas. In chronic eczema, in addition to burning and itching, we have scales and crusts to deal with. The first local measure is to remove the products of inflammation. It is useless to attempt to cure your cases if the remedy is not applied directly to the inflamed area. Crusts may be removed with soap and water, poultices, and oiled silk. Green soap spread on a piece of lint, like an ointment placed upon the lesion and covered with oiled silk or waxed paper, will remove the most stubborn crusts. Hydrogen peroxide is also useful in removing crusts. In making application in the chronic form the remedial agent can

hardly be too stimulating—lotions or ointments containing carbolic acid tar, or mercurial preparations. The red oxide of merc, five grains to the ounce, is often useful. In those forms developing from pustular eczema I am fond of using ammoniated mercury, twenty to thirty grains to the ounce. To this I frequently add ten or fifteen grains of resorcin. I find nothing better than carbolic acid for the itching in the chronic form of the disease. It is not only a splendid anti-pruritic but a fine stimulant as well. There are many other points regarding the management of this most common of all dermatoses, but time will not permit us to enter more closely into the treatment of this most interesting condition.

Comments on the Journal

Please find enclosed order to the amount of \$1.00 for a subscription to the Journal. I wish to commend the last issue. I think I have never seen any journal or magazine half so interesting. Should my subscription expire with this copy alone, I should feel that I have been greatly benefitted.

(Mrs.) M. H. BRIGHT, Trained Nurse,
Fayetteville, Tenn.

My dear Sir:

A copy of the Journal, National Medical Association was handed to me by a friend. After scrutinizing and reading it very closely, I must say that it is indeed a credit to the Association.

It should readily take place in the front rank among the best medical journals published in the country.

You may enter my name for one year's subscription and draw on me for that amount.

With best wishes for your continued success, and that of your Journal, I am,

Very respectfully yours,

W. O. FOSTER, M. D.,
Little Rock, Ark.

Response to Welcome Address

**By C. V. ROMAN, M. D., Nashville, Tenn.*

First impressions are most difficult to change. The recollections of childhood are always enduring if not always pleasant; and to the normal man whose hair has silvered, or departed, or partly both, the golden dreams of youth make pleasant music in the halls of memory.

My first impressions of New York were gained in my youth from that inimitable work,

"A history of New York, from the beginning of the world to the end of the Dutch Dynasty,—by Diedrich Knickerbocker,"

and from sundry and divers newspaper articles written by those luminous individuals

"Who in a village dwell

But know all the tricks of London Town."

As age sees either the fruition or dissipation of the dreams of youth, you will pardon my verdant curiosity if I seize upon this occasion to find the solution of some of my boyhood puzzles:

1. Who built the walls on Wall Street? How high are they?

2. Is the story of the Bulls and Bears seen on the streets of this city a "nature fake?"

3. Where do the lambs come from that are sheared on Wall Street? Are they a home product or imported?

4. Is the Tammany Tiger likely to attack strangers?

5. Where are stored the "Unutterable Ponderings of Walter, the Doubter?"

6. Where is the monument to the "Chivalric Achievements of Peter the Headstrong?"

7. Are the windmills of "William the Testy," and the windy coruscations of Van Corlear, the trumpeter, perpetuated in the modern newspaper as the legions of Caesar are in the peripetetic organ grinders of our day?

8. Is it the regulation legal procedure to weigh the pocket-books as well as the testimony of the litigants before deciding a case?

9. Who was the officiating clergy when Mendacity and Politics were wed?

10. Was it on Manhattan Beach that Truth and Falsehood went bathing and Falsehood stole Truth's clothes, leaving poor Truth nothing but the sad alternative to wear Falsehood's cast-off toggery or go naked? She chose the latter. Ever since the which we have had the "Naked Truth" and Lies dressed up in the habiliments of Truth.

Now these questions possess the double merit of giving light as well as seeking light—catoptric as well as opaque. They will let you folks know what people beyond the radiance of your effulgent influence may think of you, and the

answers may enlighten us on the arcana of metropolitan traditions. Assuring you of the best of motives and denying all intentions of abusing hospitality by over-inquisitiveness or pragmatically exposing a family skeleton, I turn to more serious discourse.

Hospitality stirs the emotions and nurtures those sentiments that make for the brotherhood of man, the goal of all religion and ethical philosophy. We love praise. We are pleased to have the other fellow endorse our opinions. We are apt to think those who endorse our opinions have sound judgment. So when I have journeyed a thousand miles to get to this city and you meet me and say, "Welcome! Well come, you have done finely! Glad to see you, etc.," gratitude is as natural as wetness after a rain. (And this is true, whether we accept the dictionary definition or the genuine practical meaning, "a lively anticipation of favors to come"). Have you not shown sound judgment, great wisdom and discernment in praising my actions in coming here? Therefore, when I say, Mr. Mayor, Master of Ceremonies, Ladies and Gentlemen, we are profoundly grateful for your hearty welcome, you can accept the assertion as doubly sincere, as our gratitude does not rest upon the shifting sands of superficial courtesies and urban politeness, but securely anchored in the clay and rock of human pride and human selfishness.

One of the sweetest rewards at a journey's end is the benediction,

welcome. The happiest bit of patriotic eloquence I ever heard was a Fourth of July rhetorical hyperbole which described the American *Zeit Geist* as an eagle resting his right foot upon the Alleghany Mountains and his left upon the Rockies; with his right wing soothing the wakeful Atlantic and his left stirring the sleepy Pacific; dipping his tail into the warm waters of the Gulf and his beak into the icebergs of the North; his scream reverberating around the world, heard in every clime and understood in every tongue,—bidding welcome to all who love liberty and will do justice to find shelter under the shadow of his mighty wings.

Where can the American spirit be found better typified than in this great metropolitan city, the financial heart of earth's mightiest nation? And who should be better prepared to appreciate the warmth and sincerity of a genuine American welcome than the medical profession? This ancient profession is co-eval with humanity. When the first man felt the first pain, there was, no doubt, some effort made to relieve it; then it was that the medical profession was born. This ancient profession needs no introduction to you nor eulogium from me.

But hospitality invites confidence. It is, therefore, meet that in response to your cordial welcome, I should say something of our intentions here, the object of our Association and the personnel of its membership.

Conceived in no spirit of racial ex-

clusiveness, fostering no ethnic antagonism, but born of the exigencies of American environment, the National Medical Association has for its object the banding together for mutual co-operation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of Medicine, Surgery, Pharmacy and Dentistry. Our Association is not an imitation but an evolution; not a schism but a creation; not a negative protest against existing conditions, but a positive advance toward that adaptability to environment which finds its highest expression in the survival of the fittest. The fit triumph over environment, while the unfit succumb to its obstacles. This Association is a declaration to the world that we are among the fit and mean to survive.

Looking back we feel ourselves the just heritors of all the past glories of medical science and medical art. Looking forward, we are hopeful of being worthy participants in the conquests of the future. Standing in the present we repeat the words of Burke:

"Applaud us when we run, console us when we fall, cheer us when we recover; but let us pass on, for God's sake let us pass on."

Boastful? No; only truthful.

As a certain degree of egotism seems inseparable from strength of character, may not one be excusable for setting forth the virtues of his profession? In extenuation of the sin of egotism, consider Samuel the upright judge, eloquently discoursing upon the excellencies of his own

rule at the coronation of Saul his successor; David's recounting his previous victories when preparing to fight Goliath; Gideon, the great general, putting into the mouths of his trusted soldiers, the battle-cry,— "The sword of the Lord and of Gideon;" the speech of Abraham Lincoln accepting the nomination for president, "I congratulate you, gentlemen, upon the wisdom of your choice;" or the speech of Moses as recorded in the first chapter of Deuteronomy. I could cite many illustrious examples of the inseparability of egotism from strength of character from very recent history but have confined myself to those who have no power to form Ananias clubs. I will say, however, en passant, I have read of an ancient people who believed that God sent his angels to form the rest of the earth but fabricated their country with his own hands. It is the opinion of many well informed people that the residuary legatees of all the egotism of ancient times and the largest holders of the modern brand live near the sound of great waters in a city whose inhabitants are called Gothamites.

In this city of so much conscious worth, and with these conspicuous historical examples of a just appreciation of one's own excellencies, I may be pardoned for saying the personnel of our Association is a credit to our race and worthy of the hospitality now extended. And I accept with profound gratitude your words of welcome and hope you will feel as good towards us "after" taking as "before."

Journal National Medical Association

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

A New Phase of Medical Ethics

The complications of modern civilization tend to nebulize the landmarks of ethics. How to be right is sometimes as difficult as how to be president. The attainment of either seems beyond the reach of most of us. No honest man wishes to be a party to a fraud, but how far is one to be held accountable for the perversion of his actions by another? I once had a patient consult me for flatulent dyspepsia of long standing. I gave him some directions as to diet and prescribed a mix-

ture of simple herbs (senna, zingiber and gentian) instructing him how to make a decoction of them. He got well, paid me, and disappeared. Some years later I found him in partnership with a druggist manufacturing and selling a "wonderful dyspepsia cure" that had all kinds of miraculous virtues, though it was my prescription.

I went one day into "a great anatomical display" at a state fair and found a few dirty and indecent wax representatives of the genitalia, male and female. Disgusted, I turned around and walked out. The barker, misinterpreting my clean-shaven

face and white tie, addressed me in a loud voice: "How do you like it parson?" Angered at his effrontery, I exclaimed: "It is not worth a d——." Nothing daunted, he turned to the crowd and said, "That's what they all say—the finest show on the grounds." A thousand people heard him. Less than fifty heard me. The crowd, most of whom saw and knew me, purchased tickets and went in.

These and other experiences have led me to be cautious in condemning one person for another's act. Things are not what they seem. The merchant that sells a mask is not necessarily *particeps criminis* in the burglary that follows. Nor is it customary to try the manufacturer of firearms for murder. And yet modern civilization is inclined to return an affirmative answer to Cain's guilty question, "Am I my brother's keeper?" Hesitatingly and slowly but distinctly has the answer come. Man's relation to man is the question today. The tariff, labor unionism, slum life, sweat shop, white slave trade are phases of the great question, "What is right in man's relation to man?" As a citizen the doctor is interested in all of this. But there is another phase that especially interests the doctor. How far are the manufacturing pharmacists of the profession bound by the ethics of the profession? Prosecutions under the Pure Food Law have developed the fact that P. D. & Co., Sharpe & Dohme, and many other reputable houses have been manufacturing for various branches of the

"Great American Fraud." Must a manufacturing chemist be held responsible for the morals of his patrons? A new phase of medical ethics presents itself for adjudication.

The Danger Zone

In the process of growth, societies, associations, races and nations reach a stage of conflicting ambitions and contradictory counsels where individuals prefer each his own way, and right and success are lost in the seething cauldron of jangling personalities. This has ever been the bane of democracy; medical organization among us is just now in this danger zone. It was manifest in our last National Meeting in Boston. Its ominous shadow has already fallen across the pathway of the approaching Washington session. It was at the Alabama State Meeting in Birmingham in March. It was in South Carolina at Spartanburg in April. It was in Georgia at Savannah in May, and in Tennessee at Knoxville in June. "The ignorant agree; the inquiring disagree; the wise agree." We are in the inquiring stage. May our flourishing organizations—local, state and national—pass safely into the wise state of unity!

The editor wishes to acknowledge with gratitude the many courtesies extended him by the brethren at their state meetings in Alabama, South Carolina and Georgia—Georgia the largest, Alabama the most enthusiastic and South Carolina the largest per cent. of attendance.

Organized Effort

Dr. William H. Welch, of Baltimore in his presidential address at the Sixty-first Annual Session of the American Medical Association, closed with these pertinent words which I commend to the members of the National Medical Association:

Organized effort is a distinguishing mark of modern civilization. It is as essential for the advancement of science, of education, of social and industrial reform, of philanthropic endeavor, as for the promotion of commerce. With the remarkable progress of medical science, especially during the last three decades, man's power to control disease has been vastly increased, and the sphere of usefulness of the physician has been correspondingly widened, and with advancing knowledge, will continue to expand. The skill and knowledge of the physician and sanitarian have acquired a new and ever-increasing importance and significance in the movements for social amelioration, for improvement of the conditions of labor and living, for the conservation and most efficient utilization of the productive energy of the world, and for the reclamation of regions now yielding no return to civilization.

Among the organized forces for advancing the prosperity, the happiness and the well-being of the people of this country, the American Medical Association, has an important part to play. We are justified in the confidence that, with the united support and loyalty of the profession, this Association broadly representative and standing for the best ideas of medical science and art and for professional and civic righteousness, will contribute a beneficent share to the working out of our national destiny.

Secrecy

Absolute truth, like absolute zero, seems to be an ideal vantage-ground from which to examine the composition and meaning of things. It seems more a barren ideality than an attainable fact. It is doubtful if the human mind as at present constituted can really comprehend or appreciate absolute truth.

The luminous and illuminating day that shall see the complete correspondence between the internal thought and the external fact in all human affairs—when men's conduct will be their words made flesh—that day when the sun of righteous knowledge will dissipate the clouds and fogs of secrecy and mystery from human action,—that glorious day when the word "why" shall disappear from our language and the interrogation point from our thoughts, for all men will have learned the truth and will do the right, secrecy will have disappeared from our lives, because in the white light of perfect knowledge, good will be the only goal. But that day is a long way off; and so long as one man cannot know and understand another's thoughts and acts, so long will we have self-interest, and men will regulate their conduct by that standard—giving or withholding facts as that interest may dictate.

Here is the crux of all ethical questions. Shall a man's actions be regulated by his own interests or the other fellow's interests?

Philosophy hesitates and religion gives a doubtful answer, and the conflict continues, and will continue

until the two become identical—the individual and the general good become one and the same thing. Until such time it is foolish to expect men to immolate their own interests upon the altars of other men's ambitions by making public methods, processes, or products which have been invented, discovered or perfected by them, and which can be used to further personal fortunes by selling them to the public. There is some equity in proprietary interests, and secrecy is not always in opposition to justice and right. Our pharmaceutical manufacturers are illustrations in point.

After great expenditure of time, labor and money, a valuable remedial agent is evolved. To expect the inventor of such a process or the discoverer of such an agency to publish it at once to the world and thus lose all personal reward of his labors, is to expect the abolition of selfishness—a desirable but improbable consummation.

That the doctor should know the composition of the medicine he prescribes, is an ancient and honored maxim of the profession, but that the workman is worthy of his hire is equally ancient and ethical. The elimination of fraud is the sole aim and justification of professional agitation against secret and proprietary medicines. The war against secrecy is just only so far as secrecy favors fraud.

To reach the highest excellency in any one branch of human activity, concentration of thought and

energy to a limited field of operation is absolutely necessary. Co-ordination of the various functions of the different organs of the body is essential to the life of the individual person; so with society in general and medicine in particular. Ontogeny is philogeny in miniature. Hence, specialization and co-operation are distinguishing traits of high civilization.

Intolerance is the thief of brains. Prejudice clouds reason. The Sun of Truth rarely shines upon the troubled way of the fanatic. An overpowering egotism blinds him to the virtues in others. His intellectual myopia permits him to see only that which is very near and he sees that magnified.

Ignorance is not a distinction. The "don't knows" are in the majority.

Explanation is not efficiency, though the laggards seem to think so.

An intelligent colored physician who heard Dr. Stiles' address in Nashville, Tennessee during the health conference there last spring makes the following comment:

It is scientifically inaccurate and misleading, unfair and insulting to the black and white South alike. A simple statement of the propositions contained in his argument will bring out their inconsistency. Here they are:

1. The Negro is to blame for his own susceptibility to disease. (Tuberculosis).

2. The Negro is to blame for the white man's susceptibility to disease. (Uncinariasis).

3. The Negro is responsible for Uncinariasis (hookworm), yet it flourishes most where there are few or no Negroes; namely, among factory hands and in the mountain districts.

4. The Negro is responsible for typhoid fever. Yet typhoid fever is due more to defective sanitation than anything else; and the white man is in absolute control of the legislative, judicial and executive departments of our government—local, state and national.

5. He makes the impression that the poor and ignorant Negro is more dangerous to the public health than the poor and ignorant white man.

6. He completely ignores the efforts of intelligent Negroes, lawyers, doctors, teachers, preachers, etc., to improve the health of their people and the community in general.

7. He implies the South is more unhealthy than other semi-tropical regions of the earth.

8. He ridicules the South for trying to get rid of the saloons, and yet declares it will perish if it doesn't.

9. Altogether the address in the manner and matter smacked more of the cheap politician seeking notoriety and office by playing to passion and prejudice than a doctor discussing, philosophically, a scientific subject for the diffusion of knowledge.

This is sufficient to make one wish that speakers from other places would think highly enough of Southern audiences to make an argument to reason instead of an appeal to prejudice.

We again call upon our readers for report of cases.

We acknowledge the receipt of "Bulletin Number Four" from the

"Carnegie Foundation in the United States and Canada," which will prove an epoch-making volume. There is a fund of information hard to find elsewhere. All of it is interesting—some of it is startling.

Instinct Versus Reason

Vigorously and effectively, if not conclusively, John Burroughs maintains that instinct is different in essence from reason. It is good reading matter for the thoughtful doctor and is found in McClure's for July. Are reason and instinct one and the same thing, or are they distinctly separate as

"East is East and West is West,
And never the twain shall meet."

I don't know. Do you?

The flood of medical literature that flows from the presses of the country would seem sufficient to meet every need. Yet there are some phases of medicine that have not received the attention and arrangement that the importance of the subject and the available data would warrant. There is a field of work that will give detailed information on the time it takes to obtain the effects of medicine. How often to give medicine is second in importance only to what medicine to give. Let us hope that the subject of time will be exhaustively treated by some competent writer before this generation shall pass.

"Billingsgate is never used as a weapon by a well-balanced mind."

Lay Press, Books, Etc.

We are proud of our lay exchanges and appreciate the many kind words they have given us.

The Editor is very grateful to the editors of our various medical exchanges, especially the following:

The Journal of the American Medical Association, The Annals of Otology, Rhinology and Laryngology, The Annals of Ophthalmology, The Medical Brief, The Medical World, The Washington Medical Annals, The American Journal of Clinical Medicine, The Journal of Physiological Therapeutics.

Our readers cannot make a mistake by subscribing for any of the above excellent publications. In fact, one cannot possibly be up-to-date without one of them.

If you did not get a copy of "The

Bulletin of Medical and Surgical Technics," send to Demoville Drug Company, Nashville, Tennessee for one. You may find something of interest and maybe profit. This excellent and reliable company's "ad" appears on another page of this issue. You can have it for the asking.

We acknowledge the receipt of: "The Professional Anaesthetic" by Myron Metzenbaum, B. S., M. D., reprinted from Ohio State Medical Journal.

The eloquent and timely address of the Executive Board of South Carolina to the profession of that state.

Invitation to commencement of Hospital and Training School for Nurses, Charleston, S. C., A. C. McClennan, Superintendent.

THE DOCTOR

In the name of thousands of unbroken homes in which midnight hand-to-hand fights with death have been fought and won; in the name of thousands of lives rescued from abnormality and made useful; in the name of unshed tears and forestalled pain and baffled death—I doff my hat today to The Doctor. May he never have use for his own medicine. May each moment of pain he has saved others, shine in the crown of his life like a bright star. May the children to whom he has saved parents and the parents to whom he has saved children take time to acknowledge the doctor's worth. May his patients pay him his bill. And in the inevitable hour may a certain grim adversary recognize a noble foe and deal gently with the doctor.—W. J. C., in Detroit News.

THE PHYSICIAN'S AIM

To be accurate in diagnosis and painstaking in prescribing; to allow no prejudice or theory to interfere with the relief of human suffering and the saving of human life; to lay under contribution every source of information, be it humble or exalted, that can be made useful in the cure of disease; to be kind to the poor, sympathetic with the sick, ethical toward medical colleagues, and courteous toward all men; to regard his calling as that of one anointed to holy office, firmly convinced that no nobler work can be given to man, and to go forth to his labor with love for humanity, inspired with a reverent assurance that for this cause came he into the world.—Selected.

Sketches From Life

Co-education

The following editorial on co-education from the Nashville American tells the truth about prejudice, whether religious, sexual or racial:

Man's prejudices against woman are divers and subtle, and to be found in places least expected. Tufts College, following the precedent established by Wesleyan University last year, has shut its educational doors against that half of the young generation that belongs to the feminine sex. No more will the fair co-eds drink with their brothers from the same Pierian spring which bubbles in Boston. Not because they have polluted it—no one is mean enough to make that charge—but because they drink too deeply and too well, and assimilate more of its culture ingredients than their brothers do. President Hamilton states the reasons with such bald frankness that the trails of the green-eyed monster, jealousy, and its cousin, prejudice, are seen over every line.

"The tendency of women," he says, "is to enter courses in which from the nature of the subject and their natural aptitude and ability they will secure high marks, coupled with the general desire of women for high marks. This secures to the women students a higher average standing than the men, and, consequently, a rather disproportionate part of the awards, prizes and prestige which, under co-education, are always awarded in common for both men and women. It was admitted that the presence of women served slightly as a stimulus to the men, and the sentiment was quite generally expressed that their presence on the hill had served to help the tone of the community—had exercised a

sort of refining influence on the men."

But these wholesome and stimulating influences are not enough to offset the painful fact that they carry off almost all the honors. That's the trouble in a nutshell—the unpardonable sin. Man has been so long accustomed to think himself superior, not only physically, but mentally, that he cannot help feeling resentment when frail woman pricks the bubble of his belief and shows it to be made up of pure vanity and conceit. We may boast of the wonderful progress we have made, of the marvelous civilization we have brought, but when it comes to fundamentals, when we scratch beneath the surface, we find ourselves but little removed from our primitive forebears. That in the twentieth century and in enlightened America the advantages of education should be denied human beings because of their sex seems as absurd and unthinkable as if the consolations of religion should be denied them for the same reason. And yet it is a fact. Tufts and Wesleyan have turned their backs upon progress, but they might as well attempt to blot out the sun or arrest the motion of the stars as to prevent women from getting the same education as men, and in the same institutes, if they so elect. And the women will enjoy the fruits of education all the more for having had to slay the dragons of prejudice and jealousy which barred the way to the garden of learning.

Those That Are Left

'Mid all the onrush of the world;
'Neath blazoned conquest's flags unfurled;

Remember, when the foe's down-
hurled—

Those that are left!

Not they who fell beneath thy power;
Not they who helped thee scale the
tower;

But they who missed the tidal hour—
Those that are left!

Not few! not few! nor yet to blame
That never riches, power, or fame
Came nigh to conjure with their
name—

Those that are left!

Not few! not few! The god of chance,
With careless hand and eyes
askance,

Hurls, without destiny, his lance.

Those that are left!

The maid unsought. The cripple
cowed.

The child untaught. Man unen-
dowed.

The gray head, disillusion-bowed—
They are the left!

Remember! Man who art a god!
When, head erect, thou walk'st
abroad—

Remember those who kiss the rod—
Those that are left!

—Stephen Chalmers, in the New
York Times.

The Piles

The Piles! Aha! I know them well,
Each feature, tho' I may not see
'em;

Old foes that fume and fret and swell,
And vex and plague my perineum.

You blush at mention of a pile,
And would, perhaps, the theme
avoid.

Well, then, suppose, to put on style
We call the thing a hemorrhoid.

Tho' having an ill-omened name,
It seemed as if they might not
pain us,

When first as visitors they came
And took up lodging in the anus.

But now at each succeeding bout
The plagued pain appears distinc-
ter,

And there can be no longer doubt
Of their relations with the sphinc-
ter.

You ask me by what obvious sign
One may with certainty detect 'em.
Well, I can only say that mine
Are like a hornet in the rectum.

—Medical World.

Logical reasoning on insufficient
data:

The American six-year-old an-
nounced to his mother that he had
decided to get married. "And whom
do you intend to marry?" inquired
the astonished mother. "Sally Grif-
fin, down the street," the boy re-
sponded. "But how will you sup-
port her, and how do you expect to
meet all the care and trouble of
married life at your age?" asked
the amused mother. "That'll be all
right," replied the American boy,
"it's all fixed." "But what about
the children when they come?"
pursued the mother. "Won't be
any children" replied the boy;
"every time Sally lays an egg I'll
step on it."—Exchange.

The Raleigh News and Observer
very truthfully says:

"The attention of the whole world
is now directed to the comet—and
perhaps a thought that arises in con-
nection with this visitor may serve a
purpose. It leaves us now for a seven-
ty-five years' journey through space.
But what is space? Our idea of space
supposes a limit—but can there be
a limit to space? If there were a
limit what would be beyond? The
human mind fails to conceive of that
to which there is no limit; space is
infinite.

"It is the same as to time. The

human mind cannot fix either a past limit to time, or a future limit. Time is infinite. When we consider these things we see how futile are the suggestions of certain materialists. Man knows but little here below, nor knows that little long."

We may, however, long for:

"The skies that angels trod
Where deep thoughts are a duty—
Where love's a grown up God—
Where the houri glances are
Imbued with all the beauty
Which we worship in a star."

Victor Hugo on Immortality

I feel in myself the future life. I am like a forest that has been more than once cut down. The new shoots are stronger and livelier than ever. I am rising, I know, toward the sky. The sunshine is on my head. The earth gives me its generous sap, but heaven lights me with the reflection of unknown worlds. You say the soul is nothing but the resultant of bodily powers. Why, then, is my soul the more luminous when my bodily powers begin to fail? Winter

is on my head, and eternal spring is in my heart. Then I breathe at this hour the fragrance of the lilacs, the violets and the roses as at twenty years. The nearer I approach the end the plainer I hear around me the immortal symphonies of the worlds which invite me. It is marvelous, yet simple. It is a fairy tale and it is history. For half a century I have been writing my thoughts in prose, verse, history, philosophy, drama, romance, satire, ode, song. I feel I have tried all. But I feel I have not said the one-thousandth part of what is in me. When I go down to the grave, I can say like so many others, I have finished my day's work, but I cannot say I have finished my life. My day's work will begin again the next morning. The tomb is not a blind alley; it is a thoroughfare. It closes with the twilight to open with the dawn. I improve every hour because I have the world as my fatherland. My work is only beginning. My monument is hardly above its foundation. I would be glad to see it mounting and mounting forever. The thirst for the infinite proves infinity."

Comments on the Journal

Elizabeth City, N. C.

Sirs:

I have just received and read with delight your National Medical Journal which reflects credit on its Editors, the National Medical Association, and the race.

Very truly,
GEORGE W. CARDWELL, M. D.

Washington, D. C.

Dear Dr. Kenney:

I wish to congratulate you on the very creditable April-June number of the Journal of the National Medical Association. It looks to me as if you need have no fears for the future, if you can but secure a sufficient subscription list.

Very truly yours,
D. S. LAMB.

Items of Interest: Newsy and Otherwise

Dr. Hubert W. Ross, of Boston, advises that members of the professions are working together. It is expected that a good delegation will go to Washington from New England. He also advises that the Dentists are strongly in favor of sectional meetings. Also, from this same source we receive information that Dr. H. G. Mackerrow, of Worcester, Massachusetts, has been elected President of the Bay State Medical, Dental and Pharmaceutical Association, and Dr. Benj. E. Robinson has been recommended to the Executive Board as State Vice-President for Massachusetts.

The Journal of the Alabama Medical Association, in its editorial of February, 1910, discusses: "Vasectomy of Criminals," in which it is stated that at the meeting of the Jefferson County Medical Society, February 7, 1910, a resolution was unanimously passed, asking the Medical Association of the State of Alabama to request the legislature to pass a bill by which the operation of vasectomy in the cases of habitual criminals may be authorized by the proper authorities in charge of the convicts. "It is further stated that such laws are now in active force in Indiana, Connecticut and California and that there are great possibilities of a similar law soon passing in Illinois. It is claimed that twenty-three cases have already been operated on in Indiana among males

only." The editor commends the practice as being superior in many respects to castration.

Drs. Hale, Hadley, McMillan, Reed, Holman, Elliott, Singleton, Napier, Bright, Burt, Lester, Williams, Boyd, Stewart, Astrap, Shelton, Townsend, Spenser, Berry and Roman of Nashville and vicinity made a pleasant company as they left in their special car for Knoxville, the place of meeting of the State Association.

We note with pleasure the happy marriage of Dr. H. E. Simms of Chattanooga, Tennessee, since our last issue.

The address of Dr. Olin West, representing the State Board of Health, delivered before our State Association at Knoxville, was a masterly and eloquent marshalling of the facts and argument for prophylaxis. The Association very properly gave him a vote of thanks.

We acknowledge the receipt of the program and menu of the annual banquet of the local Medical Society in Chicago. It is unique in artistic taste and literary beauty. Dr. A. Wilberforce Williams was toastmaster.

The closing hours of the most successful meeting of the Tennessee State Medical Association were

truthfully portrayed by a local daily. The meeting was held in Knoxville. Reports from the standing committees were heard, and after a spirited discussion, it was decided to hold a three days convention in the future. Chattanooga and Memphis made a hard fight for the next convention, but the former won. Drs. R. T. Burt, of Clarksville, and J. H. Holman, of Nashville, were appointed delegates to the national convention at Washington, D. C., in August. The following officers were elected: President, Dr. H. M. Green, Knoxville; Vice Presidents, Dr. J. P. Frierson, Chattanooga; Dr. J. L. Williams, Franklin, and Dr. W. T. Prater, Memphis; Recording Secretary, Dr. I. H. Hampton, Fayetteville; Assistant Secretary, Dr. W. H. Astrap, South Pittsburg; Corresponding Secretary, Dr. A. M. Townsend, Nashville; Treasurer, Dr. J. B. Singleton, Nashville; Statistician, Dr. J. A. Gregory. The meeting adjourned to meet at Brewer's Park at 8 p. m., where the physicians were the guests of the Knoxville Medical and Surgical Society.

We acknowledge the invitation to be present at the fourteenth annual meeting of the Hampton Negro Conference, July 13, 14, 1910.

Drs. J. H. Holman of Nashville, and R. T. Burt were elected as Tennessee representatives in the coming meeting of the N. M. A. in Washington, D. C.

One of the interesting sights at the Tennessee state meeting in Knoxville last June was a set of triplets, three healthy, normal baby girls, three months old. Mother well and doing fine. Dr. E. E. McCoy was physician in charge.

The Rock City Academy of Medicine has decided to maintain a free clinic at Meharry during the summer. Members will give their services in turn. This society is being felt as a positive force for good in the community.

The United States has more medical colleges than all the rest of the world combined.

NEW JERSEY NOTES

The third annual meeting and banquet of the North Jersey Medical Society was held May 9th, in Newark. In point of interest and enthusiasm it was the best yet held. Dr. M. F. Wheatland, President of the National Medical Association was the guest of the evening. In response to the toast: "The Future: Specialist or General Practitioner?" He urged upon those present ideals and proficiency in medicine rather than mere money success. He considered it of more value to leave as a physician some contribution to medical or surgical science than an estate of \$10,000.00 or more. Other toasts were: "President's Address," Dr. J. C. Anderson; "Advantages of the Profession," Dr. P. F. Ghee; "The Toothless Age," Dr. W. P. G. Urling; "Isms and Therapies,"

Dr. J. F. Lawson; "The Other Side," Dr. W. H. Sutherland.

The June meeting of the Society was held at the home of Dr. J. F. Lawson in Plainfield; the paper, "Children's Teeth," was read by Dr. T. W. Robinson of Jersey City.

The third public meeting given under the auspices of the Society was held Sunday, June 19th, at the Lafayette Presbyterian Church, Jersey City. The following papers were read: "Tuberculosis," Dr. W. W. Wolfe; "The Care of the Teeth," Dr. W. P. G. Urling; "The Prevention of Disease," Dr. W. H. Washington.

The following have been elected officers of the North Jersey Medical Society for the ensuing year: President, Dr. J. C. Anderson; Vice-President, W. W. Wolfe, M. D.; Treasurer, W. P. G. Urling, D. D. S.; Secretary, W. H. Sutherland, D. D. S.

Dr. J. D. Ballard of Orange, recently left for Cleveland in the interest of his health.

CHICAGO ITEMS

Drs. H. R. Smith and E. D. Brown and J. H. Plummer, D. D. S., have recently opened offices at number 340 State Street.

Dr. W. A. Buckner is now located at number 100 State Street in offices with Dr. W. T. Jefferson.

Dr. George C. Hall has recently returned from Denver, Colorado, where he was called on professional business; he also has large holdings in silver mines in that section.

Dr. A. W. Williams was present at the great "Get Together" Dinner of more than 750 physicians, pharmacists and dentists held recently in Chicago; and was the object of special mention in the Chicago Retail Druggists News.

Dr. U. G. Daily has moved to Wellington Flats, number 3435 Wabash Avenue.

Chicago now has six drug stores controlled by Negroes, the following having been recently opened: at number 950 State Street by Drs. J. M. Brown and G. W. Prince; at 31st Street and Dearborn Avenue by Dr. George M. Porter and Mr. Printis.

The Physicians, Dentists and Pharmacists' Club has been incorporated in the state of Illinois, with the following incorporators: H. R. Smith, M. D.; E. S. Miller, M. D.; J. W. McDowell, M. D.; J. H. Plummer, D. D. S.; A. W. Williams, M. D. The April meeting of the club was the largest in the history of the organization. The papers read were of high scientific and literary merit.

The third annual banquet of the Physicians, Dentists and Pharmacists Association was held Monday evening, June 20th, at the Inn Restaurant. The toast list follows: Toastmaster, A. W. Williams, M. D.; "Our Association," E. S. Miller, M. D.; "Ideas and Ideals in Medicine," H. R. Smith, M. D.; "The Bachelor Doctor," Dr. H. A. Turner; "Put in for Filling," J. H. Plummer, D. D. S.; "The Ladies," G. M. Porter, Ph. G.; "The Tribulations of the Doctor," A. L. Smith,

M. D.; "Our National Association," J. W. McDowell, M. D.

Dr. A. W. Williams was the principal speaker before the Ladies' Club of the West Side at a recent meeting of that body; his topic was "The Value of Good Health and How to Preserve It."

Dr. G. W. Miller and Miss Woodward of Union City, Tennessee, were recently married and are now located at 3552 First Avenue.

Dr. J. E. McConnel has opened offices at 3223 State Street.

PENNSYLVANIA NEWS

Dr. Stephen J. Lewis has moved to number 507 N. Fourth Street, Harrisburg.

The Pennsylvania physicians are very enthusiastic over the coming meeting of the N. M. A.

The medical schools of Philadelphia graduated this year a larger number of Negroes than ever before.

Dr. Leslie Marshall, recently graduated from Medico-Chirurgical College, Philadelphia, has located in Harrisburg.

Dr. C. L. Carter of Harrisburg, State Vice-President, addressed the Philadelphia Academy of Medicine recently in the interest of the N. M. A. Through his efforts a large number of members in that state have been added to the Association.

WASHINGTON NEWS

Howard University closed a successful year with a brilliant Commencement, May 25, 1910. Many of this year's graduates have affiliated with the local society.

Washington, like the weather, grows warmer each day in its enthusiasm for the coming session of the N. M. A.; and any physician who is so unfortunate as to miss this session will indeed have suffered a great misfortune.

Freedman's Hospital will afford clinics that will be a post-graduate course in itself. The clinics will be medical, surgical, dental, gynecological, pharmaceutical and otherwise.

The reception committee has made extensive preparations for the housing of the visitors; those who have not already secured accommodations should communicate with that committee at once.

The Medico-Chirurgical Society had a very successful banquet recently; more than seventy-five were present.

Dr. W. H. Seaman, for more than forty years professor of chemistry in Howard School of Medicine, recently died. He was one of Howard's most enthusiastic teachers, and always maintained a fraternal interest in his pupils.

There is a universal desire that the chair of chemistry will be occupied by Dr. H. C. Scurlock, who has so long been a most creditable assistant to the late Dr. Seaman. Dr. Scurlock is one of the strong members of the local society and N. M. A.

BALTIMORE NEWS

Dr. L. H. Fenderson died March 23, 1910. Dr. Fenderson was one of the most popular as well as pros-

perous dentists in the city; he was a graduate of Howard, 1901.

The following members of the professions have been recently married: Dr. Frank Cordoza to Miss Fannie Alexander; Dr. E. V. Fitzgerald to Miss Daisy Jones; Dr. Edward Short to Miss Nettie Bantum.

Dr. B. M. Starks, Howard 1909, has recently opened offices in this city.

The Maryland Medical, Dental and Pharmaceutical Society has had a very successful and enthusiastic year; it meets once each month. The following papers have been presented during the season: "Proprietary Medicines," Dr. Edward Stokes; "Eclampsia," Dr. Edward Short; "Typhoid Fever," Dr. Edward Wheatley; "Tetanus" (with special reference to one case cured), Dr. W. H. Wright.

The following officers were elected for the year: President, Dr. W. H. Wright; Vice-President, Dr. B. M. Rhetta; Recording Secretary, Dr. Harry Brown; Corresponding Secretary, Dr. H. S. McCard; Treasurer, Dr. R. G. Chissel; Executive Board, Dr. Ed. Short, Dr. Edward Fitzgerald and Dr. H. A. Pope.

Dr. R. G. Chissel was married on June 8th to Miss Gussie Lewis.

Dr. Fennel has opened a drug store at Druid Hill Avenue and Biddle Street.

Dr. H. S. Pope, formerly of Gates & Pope, has opened a drug store at Druid Hill Avenue and Presstman Street.

That man, I think, has a liberal education whose body has been so trained in youth that it is the ready servant of his will and does with ease and pleasure all that as a mechanism it is capable of; whose intellect is a clear, cold, logic engine with all its parts of equal strength and in smooth running order, ready, like a steam engine, to be turned to any kind of work and to spin the gossamers as well as to forge the anchors of the mind; whose mind is stored with the great fundamental truths of nature and the laws of her operations; one who, no stunted ascetic, is full of life and fire, but whose passions have been trained to come to heel by a vigorous will, the servant of a tender conscience; one who has learned to love all beauty, whether of nature or of art, to hate all vileness, and to esteem others as himself.—Huxley.

THE HEROISM OF THE MAN OF SCIENCE

If "Peace hath her victories" she has also her heroes, and the same may be said of science—never more impressively than in the day now passing. The Roman legionary who was found dead at the sea-gate in the Pompeii of A. D. 79, "waiting for orders to leave," has had his counterpart in the director of the Osservatorio Vesuviano, Dr. Vittorio Raffaele Matteucci who, when the recent eruption was at its worst and the whole country-side had fled in panic, remained on duty taking his observations and carefully registering them in the interests of science and, in the last resort, pro bono publico. Fortunately his life has been spared, though not without physical lesion, and his report of a volcanic convulsion, in some respects unprecedented, will shortly be available for his fellow workers in the same field of nature study.—Ex.

The Rock City Academy of Medicine and Surgery, one of our most flourishing local organizations, closed the best year in its history by a public meeting June 13, 1910, at which the following program was fully carried out before a large and appreciative audience:

Hymn, America, Congregation; Invocation; Welcome Address, Rev. Samson Brooks, D. D.; Solo, Mrs. C. O. Hadley; Addresses, Mayor Howse and Dr. Hibbett; Violin Solo, Miss Byrd Harlin; Hookworm Disease, J. H. Holman, M. D.; Solo, T. Clay Moore; Pellegra, A. M. Townsend, M. D.; The Fly and Disease, J. A. McMillan, M. D.; Solo, S. S. Caruthers, M. D.; The Duty of the Negro to the Profession, C. V. Roman, M. D.; Discussion, Dr. J. W. Bright; Tuberculosis, R. F. Boyd, M. D.; Discussion, J. A. Lester; Doxology.

“Then gently scan your fellow man,
Still gentler sister woman;
Though they may gang a kenning wrang,
To step aside is human.

“Then at the balance let's be mute,
We never can adjust it;
What's done we partly can compute,
But know not what's resisted.”

—BURNS

CURIOUS LAW CASE

A curious law case, that of a man fighting for the ownership of his skeleton, has just been concluded at Stockholm. Twenty years ago Albert Vystroem signed a contract with the Royal Swedish Institute of Anatomy making over his body after death to the institution for a sum of money. Since then he has come into possession of a fortune and he was anxious to cancel his contract. The matter was brought before the courts. Not only was the case decided against him but he was even ordered to pay damage to

the institute for having extracted two teeth without its authorization, which was held to be, in point of law, a breach of contract.

Poor penmanship is an infirmity and not a virtue. A physician's prescriptions should be legibly written.

Somebody has said, “Statistics do not adhere closely to the lines of veracity.”

The lack of continuity has been the great handicap in the progress of civilization. This is aptly illustrated in that splendid address of Dr. Newman's, “Ex Ignorantia in Sapientiam.” (American Journal of Clinical Medicine, for June, 1910).

We note with pleasure the esteem in which Dr. R. T. Burt of Clarksville, Tennessee, is held in his community, as evidenced by the very complimentary notice in the Leaf Chronical, June 2, 1910, of that city. Thanks, Doctor, for the paper.

According to the Manufacturer's Record of Baltimore, the assessed valuation of property in the South has nearly doubled since 1860. This, notwithstanding no assessment now on human flesh.

The improvement of defective vision is not the usual object in prescribing glasses, but rather for the relief of eyestrain with all its painful symptoms, the protection and conserving of the eyes, and to relieve constant irritation of the central nervous system.—J. W. Summers, M. D., in Medical Council.

While the pharynx is the common terminal of the mouth and nose above, and the esophagus and trachea below; yet the nose is really a continuation of the respiratory tract, and the mouth a part of the alimentary system. Aside from speech, the mouth is a digestive organ, and aside from smell, the nose is a respiratory organ.

Pathognomonic of approaching senility:

"The foot less prompt to meet the morning dew,
The heart less bounding to emotions new,
And hope, once crushed, less quick to rise again."

Few more helpful and inspiring publications in the interest of the general practitioner of medicine than the *American Journal of Clinical Medicine*. The May number was especially so.

"Is there any chance for the advancement of the middle-aged general practitioner in country practice?" asks the *Medical World*, and proceeds to answer its own interrogatory in the affirmative.

Dr. George Vitoux in an article in *La Nature* describes a machine for "Ultra rapid cinematography" which will take 2,000 distinct photographs per second.

In recent years it has appeared to many that the great need of medical teaching has been that the most important clinical chairs should be held only by those whose interests lie more largely in teaching and in-

vestigation than in active practice, and who will train others in these same lines of work, for the teaching of clinical branches and the lines of investigation that are necessarily followed in them are now so complex that it is impossible to combine active general practice with such positions, just as it was earlier recognized to be impossible to combine practice with the teaching of the medical sciences. (*Journal A. M. A.*)

"Next to to the grace of God, the ability of a man to see a joke on himself, is the beginning of wisdom."—Harmon.

COLORED PHYSICIANS FOR COLORED SCHOOLS

A reasonable request:

Now that the Norfolk School Board of Trustees has adopted the amendment to the by-laws proposed by Chairman Royster, providing for the employment of four physicians as medical examiners of pupils in the public schools, the *Journal and Guide* does not think it is out of place to ask that a colored physician be appointed as examiner for the colored schools.

There is no objection to a white medical examiner for the colored pupils except that in Norfolk there are about fifteen colored physicians either of whom is competent to perform the work. Besides the colored physician is in closer touch and deeper sympathy with the colored children, moving and practicing among them daily. We believe a colored examiner would get better results and would be more agreeable to the pupils and their parents. On the other hand, if they are forced to accept a white examiner, we believe he will be courteously received and

that the children will submit respectfully to his tests.

The appointment of a colored physician would be a recognition of their fraternity which has already been very much delayed. Colored citizens would feel keenly the appointment of a white examiner for the colored schools over the heads of the colored physicians of the city, in whom they have pride and confidence. We hope the School Board will consider the merits of the colored physician before naming a medical examiner for the colored schools. —The Journal and Guide, Norfolk, Va.

The following words from an editorial in the *Medical World* are rather startling:

And what has been the result of this policy? Eighty to ninety per cent. of all males have suffered from gonorrhea before reaching the age

of 30 years. Two out of every three respectable women are suffering from the effects of gonorrhea which they have contracted innocently through marriage. Three out of every four prostitutes suffer from gonorrhea. Seventy per cent. of all operations on the generative organs of women, as proven by our hospital statistics, are the direct consequence of gonorrheal infection. Eight out of every ten men married in New York City infect their wives with gonorrhea. The innocent bride is soon an invalid. One child sterility is common. Gonorrheal blindness is quite common in our cities.

These are powerful arraignments; yet they have never been disputed, and they have been freely quoted by our best authorities. The men who have given out these statistics had every opportunity to judge of the actual facts in the case, for they had been investigating the matter for many years.

Comment on the Journal

The following letter from the publishers of *Annals of Ophthalmology* and *Annals of Otology, Rhinology and Laryngology* is quite encouraging:

St. Louis Mo., June 17th, 1910.

Dr. C. V. Roman,
Nashville, Tenn.

My dear Doctor:

You will receive the *Annals* in exchange for your very excellent *Journal of the National Medical Association*. I wish to congratulate you on the appearance and contents of this journal and I feel sure, with the corps of editors and with yourself at the balance wheel and steering gear, that your journal will be a wonderful success. I did not know that you were running a journal, or I would have exchanged with you before, as I am always glad, under circumstances of this sort, to lend a helping hand. You can send your journal to me and I will see that it gets in proper hands.

Again wishing you and the *Journal* every success, I remain, with kind regards,

Yours very truly,
JONES H. PARKER.

N. M. A. Communications

MINUTES OF SURGICAL SECTION (Delayed)

Boston, Mass., August 25, 1909.

The Surgical Section of the N. M. A. met at 4 p. m. on the above date, in one of the assembly rooms in Parker Memorial Hall, Dr. A. M. Curtis, presiding.

Members present were Drs. John E. Hunter, Robert T. Burt, George C. Hall, C. N. Garland, J. W. McDowell, H. F. Gamble, John W. Mitchell, N. F. Mosell, M. B. Jones, G. W. Holley, W. E. Harris, W. C. McNeal, Willis E. Sterrs, and Dr. John A. Kenney.

The Chairman stated that the first business was election of members to Executive Board to fill expired terms. It was declared that two members were to be elected to Executive Board.

The nomination now being in order, Dr. Gamble of West Virginia, placed in nomination Dr. John E. Hunter. Dr. Shepard seconded the nomination. Dr. McNeal placed in nomination Dr. Mitchell and Dr. M. B. Jones nominated Dr. George C. Hall; nomination seconded by Dr. Robert T. Burt voting. Dr. Hunter received two votes. Dr. Mitchell received one vote. Dr. Hall received nine votes. The chair announced that Dr. Hall was the duly elected member of the Executive Committee.

The name of Dr. Willis E. Sterrs was then placed in nomination, seconded by Dr. John E. Hunter. Dr.

McDowell moved to elect by acclamation. Dr. Sterrs was elected to succeed himself.

Dr. W. E. Harris moved to elect Dr. A. M. Curtis to succeed himself. Dr. McDowell seconded the motion. Dr. Curtis was again elected Chairman of the Surgical Section.

Dr. N. F. Mosell nominated Dr. C. N. Garland to succeed Dr. A. M. Brown as Secretary of the Surgical Section. Dr. Garland was elected by acclamation.

The Chairman made a report of what had been done in the way of furnishing material for clinics which were held at the Plymouth Hospital. Cases were assigned to Dr. J. E. Hunter of Kentucky and Dr. John A. Kenney of Alabama, Dr. Willis E. Sterrs of Alabama, and Dr. R. T. Burt of Tennessee.

On motion the Surgical Section immediately adjourned to meet in Washington, D. C., August, 1910.

C. N. GARLAND, Secretary.

"ON TO WASHINGTON"

The next meeting of the National Medical Association will be held in Washington, D. C., August 23, 24 and 25, 1910. By reason of its favorable location on the border line between the North and the South, its great educational advantages and hospital facilities, no better place could have been selected for this meeting. The officials of Howard University have placed some of their

finest buildings at the disposal of the convention. The great half-million dollar new Freedmen's Hospital will open its doors, and we are assured that the clinical facilities of all kinds will be unsurpassed by any the Association has had in the past.

The Local and Citizens' Committees organized early last fall and since then they have worked in complete harmony and accord to make this meeting a credit to the Capital City as well as to the great organization itself. Not less than five hundred delegates are expected to be in attendance.

The Scientific Program is being arranged with great care and physicians, dentists, and pharmacists will hold sectional meetings, so that they may discuss in a heart to heart manner the problems pertaining to their individual professions. Clinics will be conducted likewise.

The Citizens' Committee will see to it that there be no lack of social functions, but it is generally agreed that the socials on this occasion will not usurp or interfere with the Scientific Program.

The Local Committee is endeavoring to secure special rates. Should they do so, announcement will be made. Otherwise delegates and visitors are advised to secure summer tourists or excursion rates to Washington or the nearest point East to which these rates may be secured. Reduced rates may be secured at almost any time to Old Point Comfort, Virginia. (This will apply especially to delegates

from the South and Southwest). Nothing is more pleasant than a boat ride from Old Point Comfort, to Baltimore, thence to Washington by rail in an hour; or those who prefer may go directly to Washington from Old Point Comfort by rail or boat.

Dr. Charles H. Marshall, 2710 P Street, N. W., Washington, D. C., is Chairman of the Public-Comfort Committee. Write him with reference to attendance, accommodation, etc. Also watch the Journal of N. M. A. for further notice, program, instruction, etc. You are earnestly requested, and urged, to attend.

Sincerely yours,

THE NATIONAL MEDICAL ASSOCIATION,

J. A. Kenney, M. D., General Secretary.

Tuskegee Institute, Ala., July 10, 1910.

Dear Sir:

Convinced that many men are reluctant to join an organization which they cannot attend with reasonable regularity, also convinced that the financial status of many good men renders it impossible for them to go so far each year, it has seemed most fitting to me that the N. M. A. meet every third or fourth year, the United States being divided into sections say, New England, Eastern, Southeastern, Southwestern, Southern Ohio Valley, etc., these sections holding annual sessions, thus enabling scores of men who could afford to travel one or two hundred miles to attend annually their sectional meetings.

Feeling that this plan or some modifications of the same would be better adapted to our financial status, I am,

Very respectfully yours,
W. C. GORDON, M. D.,
Springfield, Ohio.

P. S. I have already inaugurated a plan to organize Ohio, Indiana, West Virginia, Kentucky and Illinois, into an Ohio Valley Association.

Dear Doctor:

If you were present at our last annual meeting held at Spartanburg, S. C., you must have been impressed with the degree of success attained, and the impression for good made upon the people of that community.

The progress we are making in building up the Association as evidenced by each succeeding meeting is extremely flattering and stimulating. We have struck hard blows in the right direction, and must strike harder and deeper in the future. Your ideal superstructure demands a real and solid foundation, firm enough to support the edifice of generations to come. Let this appeal to you individually and you need have no fear for the future fate of the Association. To build strong and well is your individual duty. You owe it to posterity and the perpetuation of the memory of your existence.

I want to call special attention to the feature of our meeting that claimed positive recognition for the first time—the Educational Campaign. We did more than meet for

personal benefit; we gave the public two evenings devoted entirely to their education along the lines of preventive medicine and the duties, obligations and opportunities they need to exercise as a race. I refer to the addresses of Drs. Roman and Crum.

This feature I appeal to you to enlarge. We are visiting one town or city each year. Our opportunity is from Mountain to Seaboard, from East to West. Intensify this educational feature and the results of a few years will astonish you. Our attendance was good. Let us make it better—one hundred per cent. if possible. You leave the meeting with more than you carried.

I also call your attention to the National Medical Association which meets at Washington, D. C., in August. Attend it by all means. This promises to be the greatest and most largely attended meeting in the history of that body. The clinical features will be unsurpassed. The place of meeting is within easy reach. The Association though national in character should be essentially Southern, because the greater number of colored practitioners are assembled there. We are raising no sectional point, but urge a large attendance from our Southern State Associations to enable us to induce the National Association to meet more often this side of the line and thus become a factor in the solution of the problem we are trying to solve.

Again let me urge you to subscribe to and support the Journal of the Association. It is the life of that institu-

tion, it is a credit to it and you. It speaks for itself. If you have not subscribed do so at once.

And now, Doctor, I want to thank you, as Chairman of the Executive Board, for the support given that enabled us to make such a success of the Spartanburg meeting and using that as an earnest, I am asking that you lend even greater efforts in the direction of Greenwood, S. C. in 1911.

Fraternally yours,

JOSEPH A. ROBINSON,
Chairman Executive Board.

PELLAGRA COMMISSION OF N. M. A.

Nashville, Tenn., June 1, 1910.

Dear Doctor:

This Commission has been appointed by the Executive Board of the National Medical Association to study "Pellagra Among Negroes" and report at the next meeting of the Association in Washington, D. C., August, 1910.

You will greatly aid us in the prosecution of this work if you will kindly answer the questions below and return to us. We will appreciate and greatly thank you if you will give us any additional information on the subject, or put us in touch with any physician you may know who has or has had a case. It has become the duty of every Negro physician to investigate and find out for himself the status of loathsome diseases, particularly among Negroes.

Hoping you will not cast this aside without consideration and that we may have an early reply

from you, even if there has been no case of Pellagra in your city or county, we are,

Very sincerely yours,

THE PELLAGRA COMMISSION,

A. M. Townsend, M. D., Chairman, 537 Main St., Nashville, Tenn.

C. M. Wade, M. D., 400 Cottage St., Hot Springs, Ark.

J. E. Hunter, M. D., 118 N. Broadway, Lexington, Ky.

- 1 Your name and address
- 2 Give population of your town or city.
- 3 How many are Negroes?.....
- 4 Is there now a case of Pellagra in your city or county?
- 5 If so, state whether white or Negro
- 6 How many cases have been in your city or county?.....
- (a) Among Whites?.....(b) Among Negroes?
- 7 Has more than one case appeared in any one family?.. ..
- 8 How many deaths from Pellagra in your city or county?.....
- (a) Among White?.....
- (b) Among Negroes?.....
- 9 Give age, sex, occupation, principal articles of diet, circumstances of life
- 10 Is the corn used as food by the inhabitants, raised or shipped there?
- 11 Have you any cases of Pellagra in your practice?.. ..
- 12 If so give number, age, sex, race, treatment and results.....
- 13 Give clinical symptoms on which diagnosis was based.
- 14 Have you had any post-mortem? If so give findings.....
- 15 What in your opinion is the cause of Pellagra?.. ..
- 16 Retrospectively, do you recall any patients in your practice that presented symptoms similar to Pellagra?
- 17 State any thing further of interest in connection with the disease.

Note: Please consult, where possible, your health officers, and get what statistics they may have about Pellagra in your city, county or state.

June 16, 1910.

To the Chairman and Members of
the Executive Board of the
National Medical Association,
Gentlemen:

I am taking the liberty to thus address you to say that we are yet having some difficulty in raising sufficient funds to meet the current expenses of the Association and the Journal. The latter is, however, doing as well as we might reasonably expect under existing conditions; though not meeting our needs. I wish to make the suggestion that at the coming meeting, the Board recommend to the body that the membership fee be \$2.50 exclusive of the Journal. The Journal will be sent to members for \$.50 per year, and to others who are not members for \$1.00 per year. That is, members will pay \$3.00 per year for the Journal and membership dues when both are taken together. We hold that members who are delinquent with their dues, or do not pay for the Journal with their dues, should pay \$1.00 for the Journal, and are acting on this policy.

Very truly yours,

J. A. KENNEY,
General Secretary N. M. A.

Dear Doctor:

This is to advise you that the Constitution of the National Medical Association provides that essayists for the meetings of the Association shall have their papers, or their abstracts, with no less than 30 or more than 150 words, with an estimate of how long it will take to read his paper, before the Program and Censor Committee, sixty days before the first day of the annual session. That time has now almost expired. We are asking that you kindly forward

to us either copy of your paper or abstract of the same, within the next few days.

We also desire to call your attention to the fact that the Constitution provides that not more than twenty minutes shall be allowed for the presentation of a paper.

Please take due notice of these provisions and be governed accordingly.

Awaiting your early and favorable response, we are glad to say that the outlook for the coming meeting is very bright indeed.

Very truly,

J. A. KENNEY, M. D.,
HUBERT W. ROSS, D. D. S.,
CHAS. I. WEST, M. D.,
Program and Censor Committee.

June 10, 1910.

Dr. J. A. Kenney,

Tuskegee, Ala.

Dear Doctor;

Please send me a copy of the Constitution and By-Laws of the National Medical Association of which you are Secretary. I am expecting to attend your coming meeting. At the recent session of the Arkansas State Medical Association of Negro Physicians, Dentists and Pharmacists I was selected as their fraternal delegate. It may be of interest for you to know that I was one of the organic members of the National Association. I am now reading for the first time your Journal. I am more than pleased with it. It is destined to fill a long-felt want. It merits the confidence and should be read by all. Enter my name on the list of subscribers and draw on me for one year's subscription. Wishing the Journal a long life of greater usefulness and trusting, sir, that it shall be ours to meet at the coming great session, I am yours with very high regards.

Very sincerely,

G. W. HAYMAN, M. D.

Of Interest to Pharmacists

The lack of organization among the Negro pharmacists has, in a great measure, kept the general public in ignorance as to the true condition of what is going on among our people in this profession.

A few years ago, Dr. N. F. Pannell, one of the successful pharmacists in this state, together with several other members of the profession, organized a State Pharmaceutical Association. This Association promised to be productive of good results. But it was short-lived and the hope and expectation of its promoters were never realized.

Nevertheless the number of Negro pharmacists has increased quite fifty per cent.

Although the Virginia Examining Board of Pharmacy is considered the most difficult board in the South, the colored applicants continue to make a creditable showing. At the last meeting in January, three out of six applicants were successful in getting certificates to practice pharmacy in the State. This was an average of 50 per cent.; while the percentage of successful white applicants was less than 47 1-2 per cent.

The showing made by the Negroes was commendable, when we take into consideration the many difficulties they have to overcome.

Nearly all the Negro pharmacists in the state have been a success, both from a professional and a business standpoint. Dr. Thompson was the

first pharmacist to be registered in the state. He has one of the best equipped drug stores in the city of Richmond.

Among others who have entered the profession and are conducting creditable drug stores are Dr. Fields of Petersburg, Dr. Pannell of Staunton, Dr. Bass of Portsmouth, and Dr. Watts of Norfolk. These young men have all first-class business places with well-stocked stores. They have the confidence of the public and enjoy the business credit of the towns in which they live.

There are several other registered pharmacists in the state who contemplate opening business in the near future. We will mention them in our next article.

W. H. BARLOW,
Norfolk, Va.

At the recent meeting of the Virginia State Pharmaceutical Examining Board, four out of seven colored applicants passed successful examinations. The percentage of successful colored applicants was so much greater than that of the white that the daily papers of Richmond, Va. commented on it. These four young men are now engaged in pharmacy in different parts of the state.

Very recently drug stores have been opened in Berkley and Danville, Va.

This year's graduating class in Pharmacy at Columbia University, New York City, contained two young colored men, both of whom are now employed as prescription clerks in two prominent drug stores in New York.

Dr. James Bourne, recent graduate of Philadelphia College of Pharmacy, is now located in Atlantic City, N. J., and has the most complete and well-stocked store of any pharmacist in the state of New Jersey. It is a pleasure to note that Dr. Bourne has a splendid patronage, and enjoys the respect and support of the doctors of both races.

Dr. H. S. Pope of Baltimore, will represent the pharmacists on the general programme of the National Medical Association in Washington. The pharmaceutical members of the Association feel that they will be well represented.

There were two young colored men in the graduating class this year from the Philadelphia College of Pharmacy, one of whom is now pharmacist at the Douglas Memorial Hospital, Philadelphia, Pa.

The pharmacists of Washington are planning quite an extensive pleasure programme for the visiting pharmacists during the meeting of the National Association. Some of their special features will be a sight-seeing automobile trip, tally-ho ride, and a balloon ascension. We especially urge that all pharmacists make a sacrifice, if necessary, to attend this meeting. The benefits derived from these meetings will more than repay you for the time spent from your business. If you wish to remain represented in this national body it is very necessary that you attend this meeting.

MRS. J. P. H. COLEMAN,
Newport News, Va.

Comments on the Journal

The Journal of the N. M. A. is the best that comes to my office. It is well printed, well arranged and well edited. I read it first, because it shows the worth and possibilities of the colored race in medicine, and it keeps me in touch with the entire country.

May life, prosperity and healthy advance for the race ever be its lot.

C. W. CHILDS, M. D.

The Journal of the N. M. A. is not only equal to other medical journals published throughout the country in its news items from a professional standpoint, but it keeps us in touch with our professional men in all parts of the country.

C. L. CARTER, M. D.

The Journal is filling a long-felt want; it deserves both unstinted praise and support.

W. H. WRIGHT, M. D.

Medical Society News

We acknowledge receipt of the program of the Louisiana Medical, Dental and Pharmaceutical Association, held in the Y. M. C. A. Building, New Orleans, Louisiana, February 9, 10, and 11, 1910. Dr. F. M. Nelson, Lafayette, Louisiana, is President of the Association, and Dr. J. D. Nelson, of Morgan City, Louisiana, is Secretary. The report makes a good showing and we are pleased to note that the members of the profession in Louisiana are active in organizing and building up their Association.

The Physicians, Pharmacists and Dentists' Association, incorporated, of Chicago, held its third annual banquet, Monday evening, June 20, 1910. It is reported as being a very successful evening. Forty-two members were present and it is stated that it was the most enthusiastic banquet the Association has had.

We are in receipt of the program of the twelfth annual session of the Medical Society of Kentucky Physicians, Pharmacists and Dentists, which convened in Lexington, May 11 and 12, 1910. Dr. E. D. Whedbee, of Louisville, Kentucky, is President; Dr. B. F. Jones, of Danville, Kentucky, is Secretary.

The third annual convention of the National Association of Colored Graduate Nurses will be held in Philadelphia, Pennsylvania, August 16th, 17th and 18th, at St. Peter

Claver's Auditorium, Twelfth and Lombard Streets. Nurses throughout the country are earnestly requested to attend this meeting. Matters of importance to the profession at large and to all others interested in the bettering of conditions, are to be ventilated. Plans for immediately beginning active work in the Tuberculosis Crusade are to be presented and it is sincerely hoped that the support of the public and the hearty co-operation of all nurses will be given this great and good movement. Information pertaining to board and lodging can be obtained from Mrs. M. R. Tucker, R. N., President Philadelphia Graduate Nurses' Association, Office 127 North 15th Street, Philadelphia, Pennsylvania. For further details write Miss Martha M. Franklin, R. N., President, 61 Dixwell Avenue, New Haven, Connecticut; Miss A. Lottie Marin, R. N., Corresponding Secretary, 66 W. 134th Street, New York City.

The North Carolina Medical, Dental and Pharmaceutical Association met in its annual session, June 21st and 22nd, at Wilmington, North Carolina. The session was largely attended and was the best in the history of the Association. Many papers of high order were read and discussed with unusual enthusiasm. The following extracts are taken from some of the daily papers:

Dr. J. W. Walker, of Asheville,

President of the Association, in his annual address, gave many interesting and important statistics and defined the purposes of the organization and, incidentally, expressed his doubt concerning the statement that the Negro had brought about the hookworm. A rising vote of thanks was given the president for his able treatise on certain scientific facts and suggestions. A committee of five was appointed to act on the addresses in line with suggestions and recommendations contained therein.

Dr. L. B. McBrayer, city physician of Asheville, and member of state Board of Examiners of Asheville, addressed the Association, paid tribute to Dr. Walker, president, for his character, and concrete endeavors for the material uplift of his race in Asheville. He spoke of the deficiencies as well as the excellencies of the physicians who appeared before the board of examiners and recommended a good high school training for the young men preparatory to the professions.

The welcome address on behalf of the local colored physicians was made by Dr. Thomas R. Mask and responded to by Dr. Hargraves. A paper was read by Dr. John E. Baxter of Henderson, North Carolina, on "Pellagra," after which the paper was discussed by different members.

Dr. F. W. Avant read a valuable paper on the practices of mid-wifery. Dr. A. A. Wyche, Dr. T. R. Mask, and Dr. C. H. Bynum of Kinston, discussed the subject?

The officers of the Association for

the present year are: J. W. Walker, Asheville, President; Dr. H. E. Jones, Asheville, Vice-President; Dr. W. A. Pethel, Charlotte, Second Vice-President; Dr. A. A. Wyche, Charlotte, Secretary and Treasurer; Dr. H. J. Irwin, Gaston, Corresponding Secretary.

Dr. A. M. Moore, of Durham, North Carolina, headed the list of subscribers of professional men from the medical and pharmaceutical departments of Shaw University, with \$500 for the building fund for the new hospital for Shaw. Every doctor attending the meeting subscribed largely.

Other papers were read by Dr. W. A. Mitchell, of Wilson; Dr. C. N. Burnett of Rocky Mount; Dr. F. S. Hargrave, of Wilson; Dr. J. T. Williams, of Charlotte; Dr. Carter, of Reidsville, and Dr. Shepard, of Durham, North Carolina.

Dr. P. W. Burnett was elected to represent the Association as essayist, at the meeting to be held in Washington, D. C., in August.

Drs. Walker, Wyche, Hargraves, and Shepard were elected as delegates to the Association. The following officers were elected for the coming year: Dr. F. S. Hargraves, Wilson, President; Charles A. A. Dunston, D. D. S., Raleigh, First Vice-President; Dr. A. A. Wyche, Charlotte, Secretary and Treasurer; Dr. F. L. Daniels, Salisbury, Recording Secretary.

The social features of the convention were an outing to Carolina Beach and a banquet at night in the hall.

NORTH CAROLINA NOTES

The Medical, Dental and Pharmaceutical Association of North Carolina met in Wilmington, North Carolina, (instead of Durham, North Carolina) on June 21st, 22nd. More interest had been shown in working up this meeting and there were early signs of a record-breaking attendance.

Tuberculosis was the chief theme, though there were papers and discussions of other subjects.

The people of Wilmington are noted for their generous hospitality.

Dr. J. E. Dellinger, of Greensboro, North Carolina, who is one of the state's ablest as well as the oldest physician, has purchased and installed a new Inhalatorium for the inhalation treatment of pulmonary tuberculosis. The cost of this single instrument was \$650.00 and the Doctor has been blessed with wonderful results in the treatment of a large number of consumptives.

At the recent commencement of the Lincoln Hospital, Durham, North Carolina, two nurses were graduated and sent forth to serve. Eight Negro applicants passed the North Carolina Board of Medical Examiners at the recent state examination.

OHIO NOTES

No better city could have been selected for the Convention, centrally located, near the middle of the state, accessible to all parts of the state, all combined to make this true.

On a previous occasion Spring-

field welcomed this body. In 1905 when a call was made for organization Springfield was chosen, and here, in May, 1905, five men assembled for a two days' convention. Springfield is residentially a remarkably beautiful city, justly styled the City of Homes.

On Thursday morning the convention opened in the commodious Y. M. C. A. Building. Among the subjects that received special attention were the "Relation of the Physician to the Patient," and "Use of Therapeutic Measures other than Drugs." On Thursday evening the Association held a public mass meeting and here discussed at length the "Cause and Prevention of Tuberculosis." At the public meeting Dr. H. R. Hawkins, of Xenia, Ohio, set forth in plain and fearless manner the duty of both the physician and the public in this great fight against tuberculosis, laying stress upon the necessity for cleanliness and ventilation.

After a day fraught with clouds and rain, Friday set in cold and wet and a continuous down pour of rain prevented many from attending the session who had planned to do so. At the sessions on Friday some very interesting papers were read, a large part of the day being devoted to clinics and a discussion of Dr. Woodlin's able paper on the "Social Evil." This paper brought forth more discussion than any other paper presented, although little adverse comment was heard. The President's Address was heard with marked interest and approval. He spoke with

fervor on the long stride made in preventative medicine, and the necessity of conscientious efforts to decrease the ravages of tuberculosis and the Social Evil, strongly advocating the education of the general public.

The ladies found the reception in their honor at the home of Dr. Gordon particularly pleasing, everything going off in an admirable manner, despite the inclement weather. As a fitting climax to the entire session the elaborate banquet held in Armory Hall was par excellence. The commodious hall, beautifully decorated with bunting, American and Cuban flags and the stately palms, made a most charming setting for the magnificent display of elegantly gowned

ladies—rare beauties, assembled from over the entire state vied with each other with charming wit and appearance. Thus ended the most successful meeting in the history of the Association. The officers elected were: Dr. W. C. Gordon, President, Springfield, Ohio; Dr. S. S. Jordan, First Vice-President, Chillicothe, Ohio; Dr. E. H. Dale, Second Vice-President, Cleveland, Ohio; Dr. F. W. Johnson, Third Vice-President, Cincinnati, Ohio; Dr. L. H. Cox, Secretary, Dayton, Ohio; Dr. William A. Method, Treasurer, Columbus, Ohio; Drs. E. W. Hubert, H. R. Hawkins and E. C. Cox, Censor Committee.

Place of meeting—Cleveland.

Comments on the Journal

The Journal certainly is a credit to all concerned.

Very sincerely yours,

E. CHARLES THORNHILL, M. D.

New Orleans, La.

No one can read the April-June number of the National Negro Medical Journal without being possessed with a feeling of pride and satisfaction. This journal represents racial progress in the highest degree. The publication is well made up from a mechanical and typographical point of view. The subjects discussed are practical, comprehensive and useful. Both the contributions over the names of successful doctors and the editorial matter are of high class and represent research and intelligence. The Age congratulates the editorial staff composed of Dr. C. V. Roman, Dr. J. A. Kenney, Dr. W. G. Alexander and Dr. W. S. Lofton. Such important and practical subjects as the following are treated editorially and in contributed articles:

"The Hookworm," "Syphilis and the American Negro," "Chronic Gonorrhea," by Pete F. Ghee, M. D.; "Treatment of Hemorrhoids," by John A. Kenney, M. D.; "The Relationship That Should Exist Between Physician and Pharmacist," by F. W. Ragland, Ph. G.

This journal is not only of interest and value to the medical profession, but any layman can read it with the greatest degree of profit. —Editorial: New York Age.

Therapeutic Notes

THE RAT AND ITS RELATION TO THE PUBLIC HEALTH

"Rats probably exceed any other variety of mammal in the number of individuals, and their fecundity and secretive habits add greatly to the difficulties of the rat problem. Under normal conditions a female rat will bear three to five liters of ten each year. At this rate one pair of rats would in five years increase to over nine hundred billion, provided all survived. The number of rats in any given place is limited only by the amount of available food and the facilities to nest."

"Trichinosis will probably never be eradicated from man until it is eradicated from rats, or until rats and mice are killed off."

"The problem of fleas is associated with rodents."

"An intimate knowledge of the rat has become essential to sanitarians, and those familiar with the subject realize that the difficulties are proportional to the gravity and magnitude of the problem."

"The rat has grown from a nuisance to a danger, and the control of this rodent has become a serious public health problem."—Journal A. M. A.

No substantial advance has been made in the treatment of Tinnitus Aurium in the last twenty-five years, is the disheartening conclusion reached by Dr. Thomas Barr of

Glasgow, after a careful and exhaustive review of the literature and practice concerning this troublesome symptom.

"A merry heart doeth good like a medicine."

CLINICAL EXPERIENCE WITH THE WASSERMAN REACTION IN THE JOHNS HOPKINS HOSPITAL

Paul W. Clough, Johns Hopkins Hospital Bulletin, March, 1910.

In ninety-nine cases where syphilis could be excluded the reaction was negative in all. In fifty-one doubtful cases in which clinically syphilis was not probable, the reaction was positive in four; in fifty in which syphilis was probable, positive reaction was obtained in sixty-six per cent. In forty-five cases which were certainly syphilitic, a positive reaction was obtained in seventy-three per cent. Excluding cases which had recently received mercurial treatment, positive reactions were obtained in about eighty-two per cent. of the cases showing active syphilitic lesions. Positive reactions were obtained in forty per cent. of fifteen cases of tabes, and in all of the seven cases of general paresis.

IODIDE OF ETHYL IN WHOOPING-COUGH

Dr. Arnat recommends the inhalation of iodide of ethyl as a means of cutting short the paroxysms of whooping-cough. No apparatus is necessary; the stopper is removed from the bottle and the patient merely inhales the vapor. It is claimed to be peculiarly serviceable

in the cough of children from two to five years of age, and in those in whom the paroxysm terminates in vomiting, or in suffusion of the conjunctival vessels.

ETHER

Ether is not advisable as an anaesthetic where there is increased intra-cranial tension.

THE TREATMENT OF COMMON WARTS, CLAVUS AND CALLOSITIES WITH CARBON DIOXIDE SNOW

(*Die Behandlung der gewohulichen Warzen, des Klavus und Tyloma mit Kohleusaureschnee.*) J. FABRY & ZWEIF, Dortmund. *Muncheuer Medizinische Wochenschrift*, March 29, 1910.

The advantage of carbon dioxide snow lies in the fact that warts, corns and callosities may be removed without operation, prolonged treatment or much pain, and that no scar results. The snow is obtained by fastening a leather pouch tightly about the outlet of a carbon dioxide pressure cylinder and allowing two or three puffs of the gas to escape. The snow is shaped into pencils by pressing it through a glass syringe without a needle. The application, which may be made with some pressure, is continued from twenty to fifty seconds (less in youthful, more in aged individuals). With warts the area treated should be about double that of the wart. The nearer to the finger tip the more painful the treatment. In about twenty-four hours the wart will be found free from the underlying skin at the apex of the bulla. The vesicle is now excised, and the raw surface, which is formed by the papillae of the skin, is dressed with a bland powder. In keratosis palmaris it may be necessary to treat fifteen to twenty spots at one or more sittings.

The large vesicle, covering the entire sole of the palm, is then excised. By this simple method prompt and permanent results may be obtained.

MERCURY IN SYPHILIS

That all good things are not new is demonstrated by the position of mercury in the treatment of syphilis. We reproduce with our approval the following article on this subject from the Journal of the A. M. A.

In spite of the vicissitudes through which practical therapeutics has passed in modern times, mercury still retains its rank as the one indispensable drug in the treatment of syphilis. Attempts have been made, however, to make its use more exact and its effects more prompt. The importance of this subject has been increased by the finding of the *Spirochaeta pallida* as the probable cause of the disease, and by the discovery of the Wassermann reaction, which has shown that the syphilitic element in disease is far more frequently an important factor in guiding treatment that had hitherto been realized.

In undertaking the treatment of a case of syphilis, several questions arise which have not yet been definitely settled, or at least about which there is still room for difference of opinion.

In the chronologic history of the individual case the first therapeutic question which arises is, when shall the administration of mercury be commenced? It has been the fashion with most teachers to advise that mercury should not be prescribed until the appearance of the secondary cutaneous lesion. It is argued that it is extremely difficult to make an accurate diagnosis of the primary lesion, and that if one commences the use of mercury before the rash appears, and then, if the rash never

does appear, that one cannot be sure that he has not made a mistake in diagnosis, that the patient never had syphilis, and that consequently he has unnecessarily undergone a tedious, expensive, not beneficial, and possibly absolutely injurious, treatment. It is indeed a most astonishing argument to use against a proposed treatment, that there is not inconsiderable chance that the diagnosis may be incorrect. But the discovery of the *Spirochaeta pallida*, and the growing conviction among the members of the profession that it is the cause of syphilis, has lessened the liability to error in diagnosis. Dr. H. M. Christain, of Philadelphia, in an excellent practical article on this subject (*Monthly Cyclopedia and Medical Bulletin*, January, 1910), says that he would be disposed to put a patient on treatment at once if spirochaetae were found on any given lesion, but he also states that he would require pretty convincing evidence that they were actually present. He also quotes Harris (*The Journal*, December 5, 1908), as saying, "After demonstrating the organism in a primary lesion, it is not only unnecessary but harmful to wait for secondary manifestations. The most logical therapy is excision of the chancre, when possible, and in all cases the immediate institution of vigorous anti-syphilitic treatment."

Having decided to commence the treatment with mercury, the next question which arises is, what preparation of the drug shall be used, and how shall it be administered? In many cases it is preferable to administer the medicine internally and the preparations best adapted for such use are the protiodid, the biniodid, the bichlorid of mercury, and mercury with chalk. The one best adapted for general use is the protiodid, which may be given in doses of 0.015 to 0.02 gram (one-fourth to

one-third of a grain) three or four times a day, the smaller dose and less frequently repeated if the medicine causes too frequent movement of the bowels. This treatment should be employed constantly, even in benign cases, for at least eighteen months.

The inunction treatment is an exceedingly "efficient method of attacking the disease in its incipiency." On this point Christian writes: "At the outset of every case of syphilis, if it is at all practicable and can be done without attracting attention, I advise a course of 20 inunctions, employing 4 grams (a dram) of the official mercurial ointment, rubbed well into the different parts of the body, once a day, the treatment lasting from at least 10 to 15 minutes." While patients are under this inunction treatment, a "body bake" or, as Christian suggests, a Turkish bath at least once a week is advisable. At the end of 3 weeks Christian begins the internal administration of mercury, but thinks that it is advisable to give a course of inunctions at least 2 or 3 times during the first year in every case of secondary syphilis. If there is "marked anemia with loss of flesh, and profuse eruption threatening to appear on the face, with marked alopecia," Christian believes that internal medication is temporizing, and more strenuous measures should be inaugurated. He also believes that every patient who has recovered from all manifestations of syphilis should receive a three weeks' course of mercurial inunctions twice a year for four or five years.

A third method of administering mercury, which has been gaining considerably in favor during recent years, is that by intramuscular injection. Most writers on this subject advise the intramuscular injection to be made into the gluteal region. It is not absolutely demonstrated that

this is the only place or perhaps even the best place for these injections. Dr. Henry A. Pulsford, of South Orange, N. J. (The Journal of the Medical Society of New Jersey, September, 1909) writes: "In selecting the point for each puncture one should be sure that the layer of muscle into which the needle is to be thrust is sufficiently thick and not too well supplied with vessels and nerves. In general we avoid the lower part of the buttock, in order that our patients may sit without undue discomfort; the vicinity of the trochanter, because the deeper tissues, being tendinous and aponeurotic, are unsuited for injection; and the center of the gluteal region, because there is a possibility of puncturing the gluteal vessels or the sciatic nerve. Our choice is consequently restricted practically to two areas on either side, each about three inches in diameter, and situated, the one just to the right or left of the intergluteal fold, and the other midway on a line connecting the upper end of the fold with the anterior superior spine of the ilium. I have made a great many injections in both of these two areas without ever wounding any important vessel or nerve, and with but little pain or discomfort to the patients."

The best syringe for these injections is one made entirely of glass, of small caliber, and graduated to fractions of a minim, such as is made for tuberculin injections. The needle should be from 1 1-2 to 3 inches in length. Steel needles are much cheaper than those of iridoplatinum, but are likely to be corroded by soluble mercurial salts.

Concerning the administration of the injections, Pulsford further writes: "The technic as far as sepsis is concerned is the same as that observed in the injection of a therapeutic serum. The sterile fluid is drawn into the syringe, and any air

bubbles carefully expelled. Then the skin having been properly cleansed, the needle is thrust through it in a perpendicular direction so as to reach the required depth at a single stroke. Next assure yourself that the point of the needle does not lie in a vein, by detaching the barrel and watching the lumen for a moment. If blood flows through the needle, make another puncture; otherwise replace the syringe and proceed with the injection. It is not necessary to massage the injected mass. The most careful practice is to make the injections with the patient lying face downward, but those well accustomed to the procedure may be properly injected standing, provided they are required to relax the gluteal muscles. The dressing of the puncture is necessary only when bleeding occurs."

The preparations of mercury used in this way includes both soluble and insoluble salts. The most useful soluble salts are the benzoate and the biniodid. These are well tolerated and efficient, and all others are superfluous, in the opinion of Levy-Bing, as expressed in his monograph on intramuscular mercurial injections, published in Paris, in 1909. The salts mentioned are used in 1 or 2 per cent. solution, in isotonic saline solution. The insoluble salts most frequently used are the basic salicylate, calomel and grey oil, the latter being an emulsion of metallic mercury in an oily vehicle. "The vehicle for calomel and the salicylate may be either an oil or a mucilage. In my experience the combination recommended by Levy-Bing of 3 parts of anhydrous wool-fat with 7 of white liquid petrolatum has proved satisfactory. It is most important that all these substances be pure and neutral. Calomel should be especially pure, and should be washed in boiling alcohol before being incorporated with the vehicle,

and both calomel and mercury salicylate should be finely divided by prolonged trituration with the menstruum.

"Both of these preparations may be sterilized in a water-bath; the grey oil, however, is spoiled by heat and consequently must be prepared from sterile materials with sterile utensils and under aseptic conditions. As the process consists of a trituration of the mercury with the wool-fat for at least two hours, it may be imagined what a formidable task this is. If carefully guarded from contamination these injection fluids need not be repeatedly sterilized." (Pulford)

Injections of soluble salts should be used when rapid mercurialization is required. They may be used at the beginning of treatment. The insoluble salts are indicated in the routine treatment of most cases. Calomel is usually more effective in urgent cases, but it causes too much pain to use in ordinary cases, in which the salicylate and the grey oil are preferable.

In beginning treatment it may be necessary to give an injection every day for a few days; but afterwards a weekly injection will be sufficient.

The average weekly dose is 1 grain of metallic mercury, 1 1-6 grains of calomel, or 1 2-3 grains of salicylate of mercury.

Among the disadvantages of this form of treatment should be noticed the fact that they are more or less painful. With the soluble salts the pain begins at once and lasts from 1 to 6 hours. With the insoluble preparations it begins within an hour, and lasts from 2 to 5 days. The pain is most severe after calomel, and least so after grey oil, which is often entirely painless.

Hard masses of exudates, known as nodes, sometimes form about the injected mass. These often retain a part of the injected fluid, which

may subsequently be suddenly absorbed.

Embolism sometimes results from the injection of the fluid into a vein. Although this has rarely, if ever, proved fatal, it should be avoided. Abscesses rarely occur if the injections are properly administered.

The points of superiority over other methods of administration are that it enables the physician to introduce promptly into the general circulation a definite amount of mercury. It cannot be vomited, nor does it form insoluble combinations with the food or secretions, or pass through the alimentary canal and entirely escape absorption. It does not cause enteritis, nor does it become lodged in the liver, with the danger of being suddenly passed into the circulation in excessive amount. It does not cause diarrhea or loss of appetite. It has the advantage over inunctions that it does not cause irritation of the skin or dermatitis.

Intramuscular injections of mercury should not be used in patients who have excessive dental caries. Injections of insoluble salts should not be used in patients who are the victims of tuberculosis, nephritis, diabetes, hepatic disease, or cachexia. It should not be attempted to apply this treatment to patients who are unable to make personal visits to the physician at least once a week.

Whatever method of administering mercury is adopted, certain general hygienic rules must always be observed. The teeth must be put into good condition and the mouth must be kept clean. Chewing tobacco must be absolutely interdicted. Moderate smoking and temperate drinking may be allowed to those who are accustomed to the use of tobacco and alcoholic drinks, unless some special condition renders it advisable to discontinue their use entirely.

The new purgative Phenolphthalein acts in about 6 hours.

It would be profitable for the general practitioner to become thoroughly conversant with the virtues of our native plant medicines. All that is new is not true, and every change is not an improvement. I would not detract one iota from the value of acetanilide et id genus omne, but this undue prominence is not a therapeutic gain. In febriculae, la grippe, congestive headaches, pleurisy, catarrhal fevers, acute and inflammatory disturbances of the digestive tract, especially in children—in all of these conditions Aconite, Gelsemium, Veratrum Viride, Bryonia, Lobelia, Jarborandi, etc., properly selected and skillfully used, are not only equal but similar to the coal tar

products. Novelty, fad, commercialism and superficiality have wrought decided injury to the therapeutic efficiency of the doctor. The therapeutic nihilism finds no place in the creed of the doctor who masters and utilizes the indications for these drugs. Ignorance is the mother of nihilism. "Prove all things and hold fast to what is good," should be the doctor's motto.

If the pulse is hard and the tongue dry, quinine will do your patient harm. Plasmodium Malariae or not.

Quassia, a very useful simple bitter, owes its name to a Negro, by the name, Quassia of Surinam, who treated malignant fevers by the secret remedy which he was induced to divulge for a very considerable sum of money.

Dr. J. A. Kenney, our Resident Physician, has consented to accept a larger number of outside patients than heretofore at our Hospital, especially those who need any kind of an operation. In many parts of the South there are colored people who are suffering from painful diseases who might be cured by a simple operation, but in many cases there are no hospital facilities for receiving such treatment. Persons desiring to enter our Hospital as patients are requested to correspond with Dr. J. A. Kenney, Tuskegee Institute, Alabama.—Tuskegee Student, July 16, 1910.

WHERE WAS JOHN?

A San Francisco woman whose husband had been dead some years went to a medium, who produced the spirit of her dead husband.

"My dear John," said the widow to the spirit, "are you happy now?"

"I am very happy," John replied.

"Happier than you were on earth with me?" she asked.

"Yes," was the answer, "I am far happier than I was on earth with you."

"Tell me, John, what is it like in Heaven?"

"Heaven!" said John. "I'm not in Heaven!"—Lippincott's.

Comment on the Journal

The Journal is greatly enjoyed and I trust that the time is not far off when, still maintaining a high standard, you can give us the added pleasure of a number each month.

Very truly yours,

(MISS) MARTHA M. FRANKLIN,

President of National Association of Colored Nurses.
New Haven, Conn.

Of Interest to Dentists

Dental Examination of Pupils

IN THE

Stevens and Garrison Schools

STEVENS SCHOOL	GARRISON SCHOOL	TOTAL	
Number of pupils examined.....	568	338	906
Condition of Gums...			
Good.....	361	197	558
Bad.....	104	45	149
Fair.....	103	96	199
Mouth Breather:			
Yes.....	143	129	272
No.....	425	209	634
Use of Tooth Brush:			
Yes.....	169	130	299
No.....	399	208	607
Teeth Filled.....	49	6	55
Cavities.....	1,854	1,683	3,537
Malocclusion	175	176	351
Abscess	9	6	15
Teeth Requiring Extraction.....	296	281	577
Condition of the 6th year Molar:			
Good.....	1,050	513	1,563
Bad.....	772	651	1,423
Missing	39	14	53
Perfect Mouths:	56 or 9.8%	15 or 4.4%	71 or 7.8%
Number of Defective Mouths:	512 or 90.2%	323 or 95.6%	835

Through the courtesy of Dr. Alphonzo Irwin, of Camden, N. J., we are in receipt of a copy of "Brief Guide State Dental Laws Condensed," for which we extend our thanks. For the information of our readers we publish the following extracts from the same:

RECIPROCITY

District of Columbia interchanges with New Jersey. Indiana interchanges with New Jersey, Michigan, Minnesota, Iowa. Iowa reports

interchange with Vermont, New Jersey, District of Columbia, Indiana, Ohio, Michigan, Minnesota, Nebraska, Kansas, and Oklahoma.

Michigan interchanges with New Jersey, and the Canadian Northwest Territories; Nebraska interchanges with Indiana, Iowa, Minnesota, Montana, New Jersey. Maryland does not interchange but exercises its personal judgment in accepting licenses of other state boards for registration.

New Jersey interchanges with Utah, Tennessee, Indiana, Michigan, Vermont, District of Columbia. Oklahoma reports interchange with Arkansas. Tennessee interchanges with New Jersey; Utah interchanges with New Jersey, Vermont interchanges with New Jersey.

MEMORANDA

It is reported that Connecticut is permitted by law to interchange. New Jersey does not interchange with Pennsylvania. New York interchanges with Pennsylvania, but does not interchange with any other state. Arkansas may interchange. Indiana interchanges. Minnesota interchanges. Pennsylvania interchanges with New York; Rhode Island does not interchange; Idaho may interchange license with other states; Louisiana may interchange license with other states upon certain conditions being complied with which are specified in their law.

Examining boards which interchange license: District of Colum-

bia, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Montana, New York, Nebraska, New Jersey, Ohio, Oklahoma, Pennsylvania, Utah, Vermont, West Virginia, Wisconsin.

Boards which do not interchange license: Alabama, Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Illinois, Kentucky, Maine, Maryland, Massachusetts, Missouri, Mississippi, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Texas, Rhode Island, South Carolina, South Dakota, Virginia, Washington, Wyoming, Hawaii, also British Columbia. 27 states do not interchange. 19 states interchange; 3 non-interchanging boards favor reciprocity; 2 states are endeavoring to secure legislation to permit reciprocity.

These laws apply to practitioners holding license from some state board.



With Reference to Meeting in Washington

TO MEMBERS AND FRIENDS OF THE
N. M. A.

To those contemplating a visit to Washington and the East the meeting of the National Medical Association, August 23, 24, 25, offers a rare opportunity. Special rates in force between Atlantic City and principal points permit stop-over privileges at Washington, while those attending the National Negro Business League may also stop over at the Capital without extra charge.

Washington City is rapidly becoming one of the world's most beautiful capitals. Her public buildings, fine drives, magnificent parks and beautiful residences being unrivaled on the western continent. Band concerts, river excursions and trolley rides combine to make the city a pleasant one for a summer visit.

A warm and universal welcome awaits all visitors to the N. M. A. No discordant note marred the invitation to meet in the capital city, and the best homes will be thrown open to all who come.

The opportunities for professional intercourse are unparalleled. Here are the Government Museums (Medical) open to all; the Freedmen's Hospital with the most modern equipment and in charge of our own people, available for clinical lectures, operations, and general observation; the M Street and Armstrong Manual Training Schools, capstones of the finest public school system for education of colored

youths in the country; seventy practicing physicians, twenty dentists, and seventeen well-equipped drug stores, in themselves an inspiration to our ambitious youth. In short, a cordial social welcome, a pleasant period of relaxation amid most beautiful surroundings, and unusual professional advantages of hospital observation, medical libraries and museums await those who come to Washington City during the meeting of the National Medical Association, August 23, 24, 25, 1910.

Dr. Charles H. Marshall, 2710 P Street, N. W., is chairman of the Committee on Public Comfort and will secure stopping places at reasonable rates for those who have not already secured places of abode for the convention. Arrangements can be made with him.

The Local Committee headquarters will open in the Administration Building of Howard University, August 22nd, for the reception of delegates. All delegates are requested to report at the headquarters and register as soon as possible and receive their badges, program and all information pertaining to the meeting.

The Convention will hold its sessions in the Administration Building and Rankin Memorial Chapel; all situated on one of the highest points or hills in the city with plenty of air space all around the assembly halls and with Freedmen's Hospital less than a block away. The

meeting on Tuesday night will be held in the Nineteenth Street Baptist Church, corner Nineteenth and I Streets, N. W., at 8 o'clock.

The Local Committee is negotiating with the Trunk Lines trying to secure special rates over the Railroads and Steamboat Lines. Persons coming to the convention can get the desired information from the ticket agent at their respective starting points. Western delegates may get excursion rates to Atlantic City, via Washington as the B. and O. and Pennsylvania Lines advertise trains between New York and the West by the way of Washington when so requested.

WM. S. LOFTON, Chairman;
JAS. C. DOWLING, Ass't Secretary,
Local Committee.

Washington, D. C., July 13.—The local committee in charge of the Medical Association convention to be held here next month has perfected arrangements for the meeting and is extending a cordial invitation to all medical men and their friends to attend. The purely scientific work in connection with the convention will be done at Freedmen's Hospital between eight and five o'clock, the evenings being given over to a regular round of pleasure.

The headquarters for the convention will be opened in Howard University building on Monday morning, August 22nd. All delegates will register there on their arrival in Washington. Dr. Chas. H. Marshall, as Chairman of the Comfort Committee will assign such delegates as desire

places to stop in well selected apartments. The local committee is expecting a large attendance of fully five hundred delegates and is making preparations accordingly.

The first and last sessions of the convention will be held at Rankin Memorial Chapel on the University grounds. All other sessions will be held in the main college building. Medical and surgical clinics will begin in Freedmen's Hospital on Tuesday morning, August 23rd, at eight o'clock and continue each day from eight until ten. Dental clinics are arranged to be held in the Dental infirmary of the medical school daily from two until five o'clock, all dentists participating in these clinics or desiring to participate being in communication with Dr. Clifford C. Fry.

The program for the regular session of the convention is in charge of Dr. J. A. Kenney of Tuskegee and those desiring to participate will communicate with him before July 25th.

The public meeting of welcome to the capital has been arranged for Tuesday evening at Nineteenth Street Baptist Church of which Rev. Walter H. Brooks is pastor. The following evening delegates to the convention and their friends will be entertained by the committee of doctors' wives of which Mrs. J. W. Mitchell is chairman. The entertainment will be held in the open air after nightfall on the University campus. Everything gives way on Thursday evening to the doctors' ball at Convention Hall under the auspices of the local committee

which threatens to be a tremendous affair. The Musolits, Washington's select social organization of men, of which Dr. A. M. Curtis is president, will hold a stag at True Reformers Hall on the evening of August 23rd.

Dr. C. Sumner Wormley is chairman of the committee having in charge an all-day outing down the Potomac, the boat making three trips or more if necessary.

The local committee is composed of W. S. Lofton, D. D. S., chairman; J. W. Mitchell, M. D., vice-chairman; A. V. Gray, Phar. D., secretary; J. C. Dowling, M. D., assistant secretary; George W. Cabaniss, M. D., treasurer; J. H. Johnson, M. D., chairman finance committee; W. C. McNeil, M. D., chairman place of meeting committee; A. M. Curtis, M. D., chairman reception and ball committee; C. Sumner Wormley, D. D. S., chairman outing committee; C. H. Marshall, M. D., chairman comfort committee; Albert Ridgeley, M. D., chairman badges and souvenir committee; S. S. Thompson, D. D., chairman transportation committee; J. C. Norwood M. D., chairman promotion committee; C. I. West, M. D., chairman program and printing committee; M. O. Dumas, M. D., chairman complimentary tickets committee; John R. Francis, M. D., chairman press and publication committee; W. A. Warfield, M. D., in charge of all clinics; C. W. Childs, M. D., chairman sight-seeing committee; D. H. Smith, Phar. D., chairman auditing committee.

The officers and chairmen of these

various committees constitute the executive board of managers, who are assisted by a citizens' committee of which Judge Robert H. Terrell is chairman; Charles F. M. Brown, secretary; and Shelby Davidson, financial secretary. Of the doctors' wives committee, Mrs J. W. Mitchell, is chairman; Mrs C. I. West, vice-chairman; Mrs. George W. Cabaniss, secretary; and Mrs. W. S. Lofton, treasurer.—New York Age.

SOME QUESTIONS FOR THE CONSIDERATION OF THE N. M. A.

Shall we not change our methods of electing officers?

Cannot this be done by a House of Delegates, composed of representatives from the Constituent Association?

How many delegates shall be sent to the National from the State and Local Societies?

Where there is a State Society and in that state one or more Local Societies, what relations shall these bear to each other in the appointment of delegates, or shall the Local Society be considered entirely independent of the State Society?

Shall the membership fee be raised to \$3.00 per year including the Journal?

What shall be done with delinquent members?

What shall be done to place the Association on a better basis financially?

What can be done to increase our membership?

Shall we not now have a Recording Secretary?

Should there not be taken some action to provide against the Association holding its annual meetings in one section of the country indefinitely?

Officers

Marcus F. Wheatland, M. D., President, 84 John Street, Newport, R. I.
 W. S. Lofton, D. D. S., Vice-president, 1523 M St., N. W., Washington, D. C.
 J. A. Kenney, M. D., Secretary, Tuskegee Institute, Ala.
 F. G. Elliott, M. D., Assistant Secretary, 610 Blount St., Portsmouth, Va.
 A. W. Williams, M. D., Treasurer, 3255 State Street, Chicago, Ill.
 J. P. H. Coleman, Ph. G., Pharmaceutical Sec., 651 23d St., Newport News, Va.
 A. T. Robinson, D. D. S., Dental Sec'y, 495 Sixth Avenue, New York City.

Executive Board

G. E. Cannon, M. D., Chairman, 354 Pacific Avenue, Jersey City, N. J.
 Willis E. Sterrs, M. D., Secretary, Decatur, Ala.
 R. F. Boyd, M. D., 428 Fifth Avenue, Nashville, Tenn.
 N. F. Mossell, M. D., 1432 Lombard Street, Philadelphia, Pa.
 Amanda V. Gray, Phar. D., 1200 U Street, N. W., Washington, D. C.
 M. A. VanHorne, D. D. S., 22 Broadway, Newport, R. I.
 C. H. Shepard, M. D., 540 Pettigrew Street, Durham, N. C.
 C. H. Marshall, M. D., 2710 P Street, N. W., Washington, D. C.
 George C. Hall, M. D., 3102 State Street, Chicago, Ill.

State Vice-Presidents

Dr. W. T. Carr, 515 Mosher Street, Baltimore, Md.
 Dr. J. J. France, 803 Glasgow Street, Portsmouth, Va.
 Dr. J. W. Aimes, 157 Gratiot Avenue, Detroit, Mich.
 Dr. H. H. Phipps, Hot Springs, Ark.
 Dr. H. F. Gamble, Washington and Bradford Streets, Charleston, W. Va.
 Dr. J. A. C. Lattimore, 1502 West Walnut Street, Louisville, Ky.
 Dr. W. C. Smalls, 510 Jefferson Street, Jacksonville, Fla.
 Dr. R. T. Hamilton, 595 Elm Street, Dallas, Texas.
 Dr. E. A. Carter, Buxton, Iowa.
 Dr. R. T. Burt, 134 South Third Street, Clarksville, Tenn.
 Dr. W. H. Higgins, 144 Dexter Street, Providence, R. I.
 Dr. W. C. Gordon, 273 South Centre Street, Springfield, Ohio.
 Dr. W. A. Attaway, Greenville, Miss.
 Dr. S. G. Elbert, 1000 French Street, Wilmington, Del.
 Dr. E. P. Roberts, 242 West Fifty-third Street, New York, N. Y.
 Dr. G. W. Cabaniss, 1744 K Street, N. W., Washington, D. C.
 Dr. F. S. Hargrave, 629 East Green Street, Wilson, N. C.
 Dr. G. N. Stoney, 416 Eighth Street, Augusta, Ga.
 Dr. H. G. MacKerrow, 96 Eastern Avenue, Worcester, Mass.
 Dr. C. Lennon Carter, 159 Fourth Street, Harrisburg, Pa.
 Dr. J. W. McDowell, 3100 State Street, Chicago, Ill.
 Dr. J. D. Nelson, Morgan City, La.
 Dr. J. W. Darden, Opelika, Ala.
 Dr. John Thompson, 53 Radcliffe Street, Charleston, S. C.
 Dr. S. A. Furniss, 132 West New York Street, Indianapolis, Ind.
 Dr. J. C. Anderson, Plainfield, N. J.

Program and Censor ommittee

Dr. J. A. Kenney, Chairman, Tuskegee Institute, Ala.
 Dr. Charles I. West, 923 M Street, N. W., Washington, D. C.
 Dr. W. H. Ross, 106 Dartmouth St., Boston, Mass.

PROGRAM OF THE TWELFTH ANNUAL SESSION OF THE NATIONAL MEDICAL
ASSOCIATION, WASHINGTON, D. C., HOWARD UNIVERSITY
AUGUST 23, 24 AND 25, 1910

**Tuesday, Morning Session, August 23,
10 A. M.**

ASSOCIATION CALLED TO ORDER:

By William S. Lofton, D. D. S.,
Chairman of Local Committee.

MUSIC

INVOCATION

INTRODUCTION OF PRESIDENT

PRESIDENT'S ANNUAL ADDRESS

CORRECTION AND APPROVAL OF MINUTES

REPORTS:

- (a) Of Secretary of Executive Board.
- (b) " Treasurer.
- (c) " General Secretary.
- (d) " Editor of Journal.
- (e) " Business Manager of Journal.

REPORT OF COMMITTEES

ROLL CALL AND PAYMENT OF DUES

REGISTRATION OF NEW MEMBERS

REPORTS OF DELEGATES FROM STATE AND
LOCAL SOCIETIES

UNFINISHED BUSINESS

APPOINTMENT OF COMMITTEES

ADJOURNMENT

**Tuesday, August 23rd, Afternoon Session,
2 O'clock**

CALLED TO ORDER

MUSIC

INVOCATION

READING OF MINUTES OF MORNING SESSION

CONTINUATION OF THE HISTORY OF THE
NATIONAL MEDICAL ASSOCIATION:

.....T. A. Walker, M. D., Baton
Rouge, La.

REPORT OF TUBERCULOSIS COMMISSION:

.....Marcus F. Wheatland, M. D.,
Chairman, Newport, R. I.

REPORT OF HOOKWORM COMMISSION:

.....John A. Kenney, M. D., Chair-
man, Tuskegee Institute, Ala.

REPORT OF PELLAGRA COMMISSION:

.....A. M. Townsend, M. D.,
Chairman, Nashville, Tenn.

REPORT OF COMMITTEE ON MEDICAL EDU-
CATION:

.....H. F. Gamble, M. D., Chair-
man, Charleston, West Va.

ADJOURNMENT

**Wednesday Morning, August 24th,
10 O'clock**

CALLED TO ORDER

INVOCATION

READING OF MINUTES

ORATION ON DENTISTRY:

.....Charles H. Roberts, D. D. S.,
New York City.

PAPER:

"Incompatibilities with Examples,"

.....Harry S. Pope, Phar. D., Balti-
more, Md.

PAPER:

"Ana-and Katabolic Nitrogen,"

.....H. C. Scurlock, M. D., Wash-
ington, D. C.

DISCUSSION:

J. C. Robinson, M. D. Darlington,
S. C.

PAPER:

"The Influence of Environment and
Races on Disease,"

.....C. W. Birnie, M. D., Sumter,
S. C.

DISCUSSION LED BY

S. S. Thompson, M. D., Wash-
ington, D. C.

PAPER:

"Excessive Proteid Diet,"

.....J. A. Lester, M. D., Nashville,
Tenn.

DISCUSSION:

E. A. Carter, M. D., Buxton, Iowa.

ADDRESS:

.....Mr. I. Garland Penn, Atlanta,
Ga.

ADJOURNMENT

**Wednesday, August 24th, Afternoon
Session, 2 O'clock**

ORATION ON SURGERY:

.....A. M. Curtis, M. D., Wash-
ington, D. C.

PAPER:

"Dermoid Cyst—Report of Case,"

.....B. F. Jones, M. D., Danville,
Ky.

DISCUSSION:

R. B. Bluitt, M. D., Dallas, Texas.

PAPER:

"Surgical Aspects of Typhoid Fever,"
J. C. Robinson, M. D., Baltimore, Md.

DISCUSSION:

Charles H. Shepard, M. D., Durham, N. C.

PAPER:

"Obstetric Hemorrhages,"
W. W. Wolfe, M. D., Newark, N. J.

PAPER:

"Puerperal Eclampsia,"
D. H. C. Scott, M. D., Montgomery, Ala.

DISCUSSION:

J. C. Anderson, M. D., Plainfield, N. J.

ADJOURNMENT

Thursday, August 25th, Morning Session,
 10 O'clock

PAPER:

"Tuberculosis, its Prophylaxis,"
George W. Bowles, M. D., York, Penn.

DISCUSSION:

J. W. McDowell, M. D., Chicago, Ill.

PAPER:

"Infant Hygiene,"
W. E. Reid, M. D., Portsmouth, Va.

DISCUSSION:

G. W. Hayman, Little Rock, Ark.

PAPER:

"The Life of the Professional Man,"
W. H. Higgins, M. D., Providence, R. I.

DISCUSSION:

R. W. Cooper, M. D., New York, N. Y.

ADJOURNMENT

Thursday Afternoon, August 25th,
 2 O'clock

CALLED TO ORDER

INVOCATION

READING OF MINUTES

REPORT OF EXECUTIVE COMMITTEE

UNFINISHED BUSINESS

ROLL CALL

ELECTION OF OFFICERS

INSTALLATION OF OFFICERS

ADJOURNMENT

Dr. John E. Hunter of Lexington, Kentucky, will deliver the Response to the Address of Welcome at the public meeting in Nineteenth Street Baptist Church, Tuesday evening, August 23rd.

Dr. Marcus F. Wheatland of Newport, R. I., will exhibit X-Ray plates during the session. (Time to be announced).

PROGRAM DENTAL SECTION

Tuesday, August 23rd, 2 - 5 P. M.

CLINICS IN DENTAL INFIRMARY, HOWARD UNIVERSITY

Wednesday, 11 A. M.

CALLED TO ORDER

INVOCATION

READING OF MINUTES

PAPER:

"Pro and Con the Recent Virginia Dental Law,"

Roscoe C. Brown, D. D. S., Richmond, Va.

DISCUSSION

PAPER:

"Dental and Oral Hygiene,"

.....Thomas Watkins, D. D. S., Greensboro, N. C.

DISCUSSION

BUSINESS

ADJOURNMENT

Wednesday, 2 - 5 P. M.

CLINICS, DENTAL INFIRMARY, HOWARD UNIVERSITY

Thursday, August 25, 10 O'clock A. M.

CALLED TO ORDER

INVOCATION

READING OF MINUTES

PAPER:

"Tic Douloureux,"

William M. Slowe, D. D. S., Philadelphia, Pa.

DISCUSSION

PAPER:

"The Need of Oral Hygiene and Dental Inspection in the Public Schools,"

.....C. C. Fry, D. D. S., Washington, D. C.

DISCUSSION

ELECTION OF OFFICERS

ADJOURNMENT

PROGRAM PHARMACEUTICAL SECTION—HOWARD UNIVERSITY

Wednesday, August 24th, 11 A. M.

MEETING CALLED TO ORDER

By President H. S. Pope, Phar. D., Baltimore, Md.

MINUTES OF LAST MEETING

REPORT OF PHARMACEUTICAL SECRETARY:

Dr. J. P. H. Coleman, Newport News, Va.

PRESIDENT'S ANNUAL ADDRESS:

Dr. Harry S. Pope, Baltimore, Md.

REPORT OF DELEGATES

PAPER:

"Our Opportunity,"

.....Dr. O. M. Lee, Athens, Ga.;

DISCUSSION:

Dr. L. H. Singleton, Washington, D. C.

PAPER:

"Competition,"

Dr. Walter C. Simmons, Washington, D. C.;

DISCUSSION:

Dr. W. A. Jones, Winston-Salem, N. C.

PAPER:

"The Drug Store as a Nucleus of Business,"

Dr. W. L. Board, Washington, D. C.;

DISCUSSION:

Dr. Amanda V. Gray, Washington, D. C.

PAPER:

Dr. Howard E. Young, Baltimore, Md.;

DISCUSSION:

Dr. J. W. Morse, Washington, D. C.

ELECTION OF OFFICERS.

CLINICS

The following clinics will be conducted each morning during the meeting, at Howard University and Freedmen's Hospital, from eight to ten o'clock: Surgical, Major and Minor; Medical, and Pharmaceutical. Dental Clinics from two to five p. m. on Tuesday and Wednesday.

Those desirous of taking part in Clinics, Surgical, Medical, Dental or Pharmaceutical are requested to communicate with Dr. W. A. Warfield, Chairman of Clinics, Freedmen's Hospital, Washington, D. C.

To insure carrying out this program it is necessary for prompt attendance at the hours given. Provision will be made for joint sessions on the morning of the first day, from ten to eleven on morning of the second day, and afternoon of the third day. Provision will also be made for the sectional meetings on the afternoon of first day, all of the second day (except as above mentioned), and morning of the third day. Also a room for the Executive Board of the N. M. A.

Delegates desiring accommodation secured in advance are requested to communicate with Dr. C. H. Marshall, 2710 P. St., N. W., stating whether they want room with or without board.

Local Committee Headquarters in the Medical School building of Howard University, Fifth and Pomeroy (or W) streets, will be open until 11:30 p. m. on Monday, August 22, 1910. All delegates are requested to register on or as soon after arrival as possible. The Committee on Comfort will be prepared to locate all who have not previously arranged for room and board.

Take Washington Traction car passing the railroad station marked Georgetown, Mt. Pleasant or Park Street and change at Ninth, take car marked LeDroit Park going north will take you to the Headquarters; or take Capitol Traction car up New Jersey Avenue to 7th and Florida Avenue. Walk north on Georgia Avenue to Pomeroy (or W), east on Pomeroy to the large brick building.

Note.—Where "and" or "or" is used means the old and new name of the same street. Car tickets, 6 for 25c, good on all lines in the city.

The officers of the Local Committee of the Twelfth Annual Meeting of the N. M. A., August 23, 24 and 25, 1910 are as follows:

William S. Lofton, D. D. S., Chairman; J. W. Mitchell, M. D., Vice-Chairman; A. V. Gray, Phar. D., Secretary; J. C. Dowling, M. D., Assistant Secretary; George W. Cabaniss, M. D., Treasurer.

EXECUTIVE BOARD OF MANAGEMENT AND CONTROL

J. H. Johnson, M. D., W. C. McNeill, M. D., A. M. Curtis, M. D., C. Sumner Wormley, D. D. S., C. H. Marshall, M. D., Albert Ridgeley, M. D., S. S. Thompson, M. D., J. C. Norwood, M. D., J. R. Francis, M. D., C. I. West, M. D., M. O. Dumas, M. D., W. A. Warfield, M. D., C. W. Childs, M. D., D. H. Smith, Phar. D.

SOCIAL FUNCTIONS

Tuesday night immediately after the first session of the N. M. A., the visiting doctors will be entertained at the True Reformers' Hall by the famous Muso-Lit Club.

In the afternoon of the second day, August 24th, a lawn fete and open air concert will be given in honor of the ladies of the N. M. A. by the wives and daughters of the local profession.

The principal function of the week will

be the grand reception and dance in honor of the N. M. A. at Convention Hall, Thursday evening, August 25th; music to be furnished by Hamilton's Orchestra of thirty pieces.

FRIDAY

Outing down the Potomac River.

SATURDAY

Sight-seeing and visiting public buildings and other points of interest.

The Varieties of Dysmenorrhoea

In an article on dysmenorrhoea, Solomon Henry Secoy, M. D., of Jeffersonville, Indiana, refers especially to its causes and treatment and offers some valuable suggestions as follows: "I am in the habit of regarding dysmenorrhoea as capable of division into three varieties. They are the neuralgic, the obstructive, and the membranous. The neuralgic form is a pure neuralgia, and its subjects, in all cases, will give a history upon which we can base its cause. These patients will tell us that never prior to the attack which they have recently undergone, have they had dysmenorrhoea. It is caused generally by malaria and other influences which tend to lower the general health."

"The treatment of dysmenorrhoea very naturally comprises such remedies and procedures as will correct the cause, and the administration of anodynes to relieve the pain. In the neuralgic form we must correct the cause. If that be malaria, quinine must be given. In most cases where the neuralgic form is presented there is anemia, and no relief will be secured till this factor is overcome. Iron in some available form must, therefore, be given. During the period of menstruation the administration of antikanmia

and codeine tablets in doses of two tablets every two hours, will relieve the pain. If these tablets are given at the beginning of the attack, we can often entirely prevent pain."

 "Salicylic Acid is a drug of considerable value, but it is somewhat trying to the stomach, for which reason the sodium salt, which is not so objectional, is generally used. The salicylates prepared from the natural oil are far less irritating than the synthetic product, and are superior to them in every way. In addition to their virtues as intestinal antiseptics, the salicylates possess pronounced anti-rheumatic and anti-pyretic properties, and are said to increase the fluidity of the bile; as it is certain that they exert a very favorable influence in cases presenting symptoms of undue viscosity of this fluid."

All the salicylic acid in Tongaline is made from natural oil and its action is intensified by the other ingredients in the preparation, making Tongaline the ideal vehicle for the administration of the salicylates.

The Dose of Codeine

Fraenkel (Munch. Med. Woch.) claims that codeine must be given in larger doses than is generally used in order that the full effect may be obtained, as codeine is from ten to

twenty times less powerful than morphine. The proper dose should be two-thirds or three-fourths grain, and this amount may be given three or four times a day without any evidence of habit formation. The single maximum dose permissible is one and one-half grains and maximum daily dose is four and one-half grains. For children the daily dose may be as follows:

4 years of age.....	1-6 grain.
6 years of age.....	1-3 grain.
8 years of age.....	2-3 grain.
12 years of age.....	1-4 grains.

—Meyer Brothers Druggist, July, 1910.

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A Conservative House

Some of the members of the medical profession would open their eyes could they look over the files of the Denver Chemical Mfg. Co., manufacturers of Antiphlogistine, and see the many, many requests for window hangers, store advertising, etc., which they are constantly refusing. This company could get an almost unlimited amount of advertising, good advertising too, at no expense, except for the printing of the cards or booklets, if they did not have too great a pride in the honorable position which they occupy as purveyors to the medical profession. Perhaps they feel the ethical requirements of their position more keenly on account of the personnel of the company. Half the members of the board of directors are physicians who have spent, each of them, many years in active practice, the president of the company being an ex-president of his State Society, and the head of the advertising department is himself a physician, and was for many years the secretary of his County Society.

With such a personnel, it is not surprising that the advertising is not only strictly ethical, but even ultra-conservative in spirit.

"The Laxative De Luxe"

The Abbott Alkaloidal Company, of Chicago, Ill., claim for Thalosen that it is the best phenolphthalein-laxative produced in this country or abroad. That is a big contention but there are a host of medical men who stand ready to hold it. If any of our readers are unacquainted with it we recommend that they take the time to write for the complimentary trial package of the tablets offered in current advertisements.

Thalosen appears to be an out-of-the-ordinary laxative and the samples will prove a revelation to those who know phenolphthalein only in the commonplace forms in which it has been exploited for several months past.

Each tablet contains one grain of phenolphthalein with senna and sulphur in correct proportion, in an aromatic base. For convenience it is segmented into quarter doses. Whether it is because a refined grade of the drug is used in its making or because of the presence of synergistic drugs we do not know but Thalosen is certainly more satisfactory in its actions than the phenolphthalein-laxatives that have come from other sources. In this combination one grain of phenolphthalein seems to go farther and operate more completely and regularly than twice the dose of this drug given alone or in other combinations.

The tablets are edible as candy; for children and older people who demand palatability it is the evacuant of choice. One physician who apparently cannot say enough for it recently described Thalosen as "the laxative de luxe" and we notice that the manufacturers are very properly making use of this apt title in their printed matter.

"No Dope for Quackery"

That the patent medicines used to build fortunes on the credulity and misfortunes of the weak are manufactured and supplied to their exploiters by certain well-known and supposed to be ethical pharmaceutical houses, has been known in a general way for a long time, though the enormous extent of this evil and the degree to which these "ethical" concerns participate in the profit is not appreciated by the majority of physicians.

Some interesting and enlightening facts on this subject are contained in two editorial articles on "Pharmaceutical Manufacturers and the Great American Fraud," which appeared in the Journal of the American Medical Association for July 2. Any doctor who desires to know the source of the fraudulent "Castor Oil Pills," of the abortifacient "Pennyroyal Pills," (which contains no pennyroyal), of "Danderine," "Cascarets," "Neuralgine," "Drake's Palmetto Compound," "Nutriola," "Getwell Tablets," "Zymole Trokays," and other things of this kind, should read this number of the Journal. He can hardly do so without having the fact borne down upon him that the Abbott slogan of "no dope for quackery" has an immense significance to every self-respecting physician, who has the interest and the honor of his profession at heart. Certainly that house deserves the support of the profession which refuses the patent medicine blood money, and which is willing to rest

its future upon its ability to serve the medical profession well and that only.

THE ABBOTT ALKALOIDAL CO.

Dr. S. J. Crowe, in a report from the pharmacological Laboratory of the Johns Hopkins University (published in the Johns Hopkins Bulletin, Vol. XIX, No. 205, April, 1908) shows that Hexamethylenamine is not only an urinary antiseptic, but that after its administration it appears in the bile and exerts an antiseptic action also upon this secretion. Hence it is of value in

(1) "Acute infection of the gall-bladder.

(2) "Convalescence from Typhoid Fever. In convalescence from Typhoid Fever its advantages are two-fold, (a) as a prophylactic measure against the subsequent formation of gall-stones; and more important, (b) by sterilizing the gall-bladder and thus preventing the patient from becoming a chronic bacillus carrier, a menace to his community.

(3) "Before gall-bladder operations, as a prophylactic measure."

By combining Sulpho-Lythin with Hexamethylenamine the antiseptic action of the latter, as noted above, is greatly increased, hence a much smaller dose is required to produce the same result.

Reliable observers have reported that the combination containing

$\left\{ \begin{array}{l} \text{SULPHO-LYTHIN, } 10 \text{ grs.} \\ \text{HEXAMETHYLEN-} \\ \text{AMINE, } 3 \text{ 1-2 grs.} \end{array} \right\}$	<i>Designated: "Tablet No 6"</i>
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is effective in doses of two tablets, administered twice or three times a day, according to the condition.



A b s t r a c t s

The Organization of Ill-Health

[I recommend this article from the editorial columns of the *New York Independent* of July 7, 1910.—Editor].

In our editorial on a national Bureau of Health, June 9, we called attention to all the arguments there are in favor of the organization of such a national department. The bill introduced into the recent Congress by Senator Owen, of Oklahoma, proposes the establishment of a Department of Health, with a parity to that of Agriculture and the others that have accomplished so much good. In spite of the many reasons—financial, purely physical, even moral—that there are for such a development of government, since the introduction of the Owen bill there has been a decided manifestation of opposition. The most interesting feature of this opposition has been the manifest organization of it. The literature is issued under the name of the National League for Medical Freedom. Within a few weeks three enormous advertisements have appeared in the newspapers throughout the country urging people to write to their Congressman in protest against the Owen bill for a national Department of Health. Such advertisements cost much money. It is evident, then, that there must be a rather thorough organization and good financial backing for the opposition to a movement that seems so surely fraught with nothing but benefits for the people of this country.

We have called this The Organization of Ill-Health, because that is

exactly what this organized opposition is endeavoring to accomplish. But is it possible that there are any interests in this country which have at heart the continued ill-health of our people, or who at least have many money reasons why various forms of disease and ill-health should not be eradicated? Those who are familiar with the recent medical history of this country know that there are not a few such interests. Commercial interests have always been inclined to run counter to measures for the general health of the people, whenever it seemed as though their present interests might be affected by health measures. Even when they were short-sighted enough not to see that in the end health regulations would benefit them, their opposition was none the less outspoken. For instance, the merchants of the Southern States often combined in various ways and used all their influence, political, municipal and State, for the suppression of diffusion of information with regard to the existence of yellow fever. This always worked harm to them in the end, but they continued until the discovery of the mosquito and therefore of the power to suppress yellow fever to follow this short-sighted policy.

Just the same thing happened with regard to plague in San Francisco. There was constant denial by commercial interests of the existence of plague there. For the local health authorities to have ventured to proclaim its existence would have meant bitter, intolerant rancor and probably enmities that would seriously hurt any citizens of San Francisco who would attempt it. Even after the Marine Hospital Service made it very clear that plague

actually was there, every effort was made to suppress or at least to minimize the significance of this fact. The consequence was that a long and costly campaign for the eradication of plague has had to be carried on, and we are not sure whether success has crowned the efforts of the public health authorities. From the rats the plague spread to certain other rodents, notably squirrels, and plague bacilli have been found in these animals at such a distance from San Francisco itself that we are not sure whether there may not be an outbreak of the disease at some distant point quite unexpectedly. Each month almost has brought surprises in the investigations of the spread of the bacilli of plague to other forms of rodents, until those closest in touch with the Marine Hospital Service are quite dubious as to the ultimate results.

This is what happens whenever commercial interests think themselves likely to be injured even by measures that are well calculated to foster public health. Here is the African in the wood pile in the case of the organized opposition to the Owen bill. There are a number of commercial interests in this country that do not want an independent national Department of Health. In recent years we have had many exposures of the patent medicine swindle. We have learned that most of the most popular patent medicines, the so-called tonics, were nothing more than dilute alcohol with certain bitter drugs so as to make them taste medicinal. Physicians have seen alcohol habits formed as a consequence of freely inbibing these alcoholic preparations. Some of them were meant particularly for women's diseases and the consequence has been a feminine nipping at alcoholic products that has worked serious harm to the women of the

country. We have also found that the headache powders so commonly advertised were composed of drugs which, when taken as freely as was advised on the labels of many of these preparations, were seriously dangerous. We have had not a few, but many deaths as a consequence of them. The soothing syrups for children mostly contained opium and were seriously injuring the growing child at an important period of its development, and adding to the number of nervous wrecks with tendencies to drug addictions in after life that we had in this country.

For a time after these exposures the patent medicine swindlers were very quiet. In many cases their advertisements disappeared from their usual places. Now they are gaining courage again. The American people have proverbially a very short memory for such exposures. The patent medicine people dread very much the organization of a national Department of Health, because this will sadly interfere with their now happy prospect of reviving their business and fattening their purses at the cost of the health of our people. This is one element in the opposition organized for ill-health.

There are others. There are a number of people in this country who would like to be freer to foist drugs, impure foods and questionable products of many kinds on our inhabitants, so as to make money, cost what it might in the health of those who consumed them. The consumer's purse they are interested in, but not his health. The organization of the national Bureau of Health, with its strict enforcement of the Pure Food and Drugs Act, and its sure tendency to further protect by legislation the health of our people, is a dread specter to such exploiters of the public, and, of course, they want to lay it if possible.

The League of Medical Freedom

has a rallying cry. It is that the doctor are trying to create a medical monopoly—a doctors' trust. They insist that the Owen bill is due to the American Medical Association. As a matter of fact the bill emanates from the Senator from Oklahoma himself, and the movement for a national Department of Health has been organized, not by the American Medical Association, but by the Committee of One Hundred of the American Association for the Advancement of Science. This organization, as is well known, consists not of physicians, but of the united scientists of the country, and only a very small proportion of physicians are in the membership. The Committee of One Hundred contains the names of many of the representative thinking citizens of this country. They come from all over the country. It is absolutely absurd to talk about such men as organizing a medical trust. Practitioners of all the different cults in medicine are agreed that a national Department of Health would be a good thing, and cannot possibly interfere with present State laws as to medical practice. This organization of opposition should of itself be a strong argument for the Owen bill. We have the Organization of Ill-Health for commercial reasons. Let us recognize and appreciate at their true value exactly the elements that are engaged in it.

An Orchestra of Doctors

An orchestra composed entirely of medical men has recently been formed at Paris. It numbers no less than 66 members, selected from about 150 physicians who had specially applied for the honor. An editorial writer in *The Interstate Medical Journal* (St. Louis) connects this event, half jocosely, half seriously, with the recent discovery

that music, in certain cases, has a curative value. He asks:

"Is there anything at present being agitated in high or low medical circles, that can equal in interest the possibilities of the therapeutic value of not one, but many, American medical orchestras, were they to play the right sort of music as prescribed by a recognized medical director, in the rooms, wards, or amphitheaters of our many hospitals? Or in case the patients are not confined to their beds on account of surgical intervention, but are only hosts to the many skin affections which today are reaping the benefits of phototherapy and radiotherapy, or for other reasons in need of physiotherapy and mecanotherapy, a public concert would have advantages, since by effecting a foregathering of some hundreds of patients the program could be diversified to bring, not only heat and light into the musical atmosphere, but a stimulation of all the muscles of the body that would put the Whitley Exerciser to shame. Surely modern music, so unmistakably interpretative of all the complicated phases of civilization as expressed in the works of Richard Strauss, Hugo Wolf, Charpentier, and Debussy, would, if handled by a medical orchestra that had the medical and the musical sense in like proportions, be the means of doing away with nearly all the therapies; just as in very recent times these therapies were instrumental in casting ignominy on the worth and value of certain hitherto highly prized drugs."

What, for instance, the writer goes on to say, could be better as a substitute for mecanotherapy than Strauss's "Elektra," with its suggestions of muscular action, its appeal to strength of body and of mind, its strange cacophonies requiring more exercise on the part of the auditor

than many days of limb movement? What more colorful than Debussy's "Pelleas and Melisande," or more in line with phototherapy as illustrated by Finsen's Light? Is it a stretch of the imagination to see in "Salome" therapeutic qualities allied with radiotherapy? Would not the music of Berlioz, if conducted by a surgeon of light and leading, near the bedside of a patient, be a more effective check to disagreeable setbacks than thermotherapy?

"In truth, we have here an, as yet, unexplored country that no doubt will yield rich rewards to those daring spirits in the medical and musical worlds who, for aught we know, may already be hard at work on an alliance that shall be the therapeutic boon of the future.

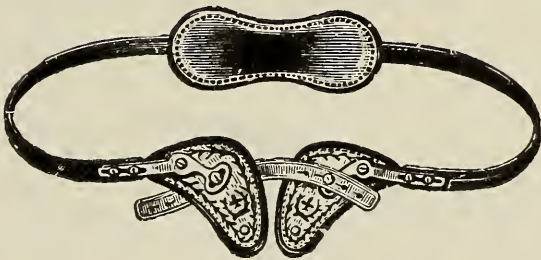
"At present the status of musical education among our physicians is not a thing to be too boastful of; hence, the first attempts in the matter

of interpreting a musical score should be made in secret lest the execrable playing create an invincible prejudice in the minds of the public against the forming of a medical orchestra. But what is more important to remember is that directly such a body of men are put to work in the sick-room, a musical director of a rare judgment is absolutely necessary, for if he be either a thorough musician without any extensive knowledge of symptomatology, or a medical man ignorant of the effect that modern music may have on the sick, no good result will ensue. What would not be the dire consequences of a mistake in judgment that would insist upon the playing of a Richard Strauss or a Hector Berlioz composition shortly after a surgical operation, when the soothing tones of a Mozartian score would have greater therapeutic value!"—Literary Digest.

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OSWEGO, NEW YORK

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President's Annual Address

**By MARCUS F. WHEATLAND, M. D., Newport, R. I.*

Mr. Chairman and Members of the National Medical Association:

We are assembled here in our twelfth annual convention in an endeavor to take note of and diffuse the knowledge which is fast accumulating in the art and science of medicine. A greater setting or more inspiring atmosphere for this assemblage could not be found beyond the confines of this institution.

Founded for the training of men to the higher service of their fellows and consecrated to the purpose by the noble lives spent in the realization of that ideal, what more could be desired in the way of environment to stimulate us to greater usefulness to our day and generation? There is nothing in the world so inspiring and consoling as a survey of the lives of those men of sainted memory who founded and kept alive the institutions for the higher education of the colored people in the South; and as we linger here may we be lifted up by the same spirit which made their lives sublime and be led into paths of greater usefulness to mankind.

Words fail me to adequately express the gratitude I feel for the honor you have conferred upon me by my

election to this office. The heart is callous indeed that would not be moved by the thrills of emotion at such an expression of confidence and esteem, and it is needless to say that I deeply feel the obligation imposed.

Of all the problems which present themselves to civilization at this time for solution, there is none of greater moment to men generally and to physicians in particular than those which are concerned in the prolongation of human life and the increase of the efficiency of mankind. That we may share in these worthy efforts, three commissions have been appointed by the organization during the past year for the investigation of tuberculosis, pellagra and uncinariasis.

The work is well under way and I hope the commissioners have received the prompt co-operation of the rank and file of the organization, for without this nothing but failure is possible.

I desire to bring to your attention a few questions which have been agitating the minds of a great many of those who are quite familiar with the necessities of the organization and have its interests at heart. The first of these relates to its finance.

**Before the Twelfth Annual Convention, National Medical Association, Washington, D. C., August 23, 1910*

We cannot raise money enough under the present arrangement to run the organization.

It appears to me that the profession throughout the country is prosperous enough to put the organization upon an independent financial basis, and this can be done without question by raising the dues to five dollars per year, the same to include the Journal. It is not in keeping with the dignity of the profession to ask others less able than ourselves to pay the expenses of our meetings. This calling in of outsiders to finance our meetings places them in a diplomatic position to interfere with our affairs which is not conducive to that peace and harmony within the organization so essential to its work and growth.

Another matter of great importance is the method of electing our officers. There is a general consensus of opinion that an end should be put to that train of unpleasantness which follows so regularly in the wake of your elections.

As the matter now stands we are subject to the danger of having applied to us all the methods practiced by the ward politician. If I may exclude myself from the reference, I would say that your judgment can be trusted in meeting the emergency as far as the election of officers are concerned, but it is impossible to obviate the embarrassment to the organization which follows as a result of the unworthy methods often adopted under the present system of conducting the election.

May I suggest that a way out of

the difficulty might be found in the establishment of a house of delegates made up of representatives of the constituent local societies who should have power to fill the offices?

Of course whatever method you adopt should be free from the possibility of the domination of a ring.

My incumbency of the office of President during the past year has revealed to me the anomalous position in which the constitution places that official. It is supposed that the President has positive duties to perform in the interest of the Association from the time he is installed until the next meeting, which is not a fact. A casual perusal of the constitution will convince one that he has nothing to do but preside at the annual meeting ("excepting the appointment of the Censor and Program Committee for which he must have the approval of the Chairman of the Executive Committee").

Fortunately I have had the hearty co-operation and assistance of the present Chairman of the Executive Committee, but I can imagine the possibility of things being otherwise. The President should have more positive duties to perform, and be given a greater hold on the machinery of the organization, for in a measure he is held responsible for the years' work. In order to take up these and other vital questions, I would advise that a committee for the revision of the constitution be appointed.

I hope we will have a very profitable meeting, feeling throughout the session that it is good to be here, for after all is said and done, the Association will grow in proportion to the amount of service it can render by helping the rank and file of the profession to do better work.

The Influence of Environment and Race on Diseases

**By C. W. BIRNIE, M. D., Sumter, S. C.*

I desire most earnestly and sincerely to discuss a question that is of vast and vital importance to us because of the influence and impressions that are made on the minds of people generally; and not only to us as a race is the free, full and frank discussion of this question necessary, but to each and every thinking citizen, as the matter concerns all.

The subject is, "The Influence of Environment and Race on Diseases." There must be no delicacy in the study and investigation of such a subject; the false must be eliminated and the true stand out in its real character. Charges that are made must be refuted, if false; if true every effort must be made to produce a wholesome and effective change. Causes must first be investigated in order that effects may follow that are consistent therewith. We should probe to its greatest depth every accusation that is made and use correctives as far as possible. Unfortunately for us, when we have studied the question in all its bearings; laid bare every weak point or supported every strong one, yet even then we lack the means of disseminating the facts to the country. We have not the same opportunities of reaching the public mind and eye as those have who

make statements that are illogical and sometimes wanting a foundation in fact. We do not desire to cover up a weak spot, and wherever one is made clear to us we rather offer thanks especially if a practical remedy is suggested.

Almost daily, we find newspapers, and magazines teeming with articles endeavoring to prove that the Negro race stands as a menace to the white men socially, morally and physically. We are held up in scorn before the world as lepers. The results of such criticisms are extremely pernicious and damaging. Public sentiment is being educated against us. The unthinking take the argument without the power or capacity to investigate and accept it as a truth.

Now, we owe it to ourselves, to our race, to our profession, that we should come before the public and say if these things are true, and if they are, frankly and honestly admit them; and bend every possible effort; use every knowledge that we possess to remedy the evil. If they are not true; point out by the strictest of reasonings, the presentation of strongest of facts to counteract any charge or part of a charge that cannot bear the light of scrutiny.

Let us ask ourselves, Is there a degeneracy of the Negro race going

* Read before the National Medical Association, Washington, D. C., August 24, 1910.

on? Is he physically, morally, and socially losing his place in the race of life? Will the Negro race be eliminated, and his place taken by the white man as a survival of the fittest? Surely these are questions of vital importance to us.

To prove the position, our only means would be to institute comparison; to take hold of the statistical tables prepared by those who have specially investigated the subject. Even statistics, we find in some cases absolutely worthless, so colored by race prejudice as to be unreliable. When we find a disposition to be true, to be accurate, to be governed by facts, we gladly accept them, even when against us.

The Board of Health in the following cities furnish a large part of the information desired and the statistics used are deduced from them. Memphis, New Orleans, Augusta, Baltimore, Washington, D. C., and the U. S. Army. In all of these cities there are large colored populations, giving abundant opportunity to study the question.

One of the first things that strikes us in looking over the various tables gathered from these sources, is that we get the same story from each; a large death-rate among Negroes, out of all proportions to that among white people. Take the following tables from the Boards of Health of Washington, D. C.

If the figures given on opposite page are correct, they show an alarming condition of affairs. In every case, they show a percentage of death among the colored people greater

than among the whites, and as would be expected the proportion is greater in the Southern cities where we have a large, congested, poor colored population. In the Northern cities, where we are few and far between the same condition does not obtain in the same ratio.

I have taken a few of the larger cities and picked out the diseases which are most common to both races and have compared the mortality. The tables given on page 248 will show the result.

From these figures certain conclusions can be deduced. It is apparent that the proportion of deaths from tuberculosis, pneumonia and kindred diseases among the Negro race is appalling. Now, how shall we account for this terrible death-rate? Is it a deteriorating physical condition? I cannot bring myself to the point of wholly assuming it to be this cause. It is well known to us as physicians, and a large number of laymen are beginning to realize the fact, that tuberculosis is largely a disease of poverty. I do not mean that persons of affluence are exempt, but it is more prevalent among the poor. Take the combination of ignorance and poverty and we have a fertile soil; poor food, poor housing, poor water, and a total lack of knowledge or disregard for the fundamental laws of hygiene will make a high death-rate among any people. Dr. Guiterras lecturing before a class at the University of Pennsylvania gave as his opinion, that all things being equal the death-rate among Negroes and whites would be about the same.

Comparative Annual Death Rates Per 1,000 Inhabitants of White and Colored Races and Total in Certain American Cities for the Year 1907

STATE AND CITY	WHITE	COLORED	RATIO OF WHITE DEATH RATE TO COLORED		STATE AND CITY	WHITE	COLORED	RATIO OF WHITE DEATH RATE TO COLORED	
Alabama, Mobile ..	19.0	31.1	1.64		New Jersey, Long	22.0	27.0	1.23	
California, Fresno	24.4	25.0	1.02		Branch	27.3	37.6	1.38	
Delaware, Wilmington	19.4	25.6	1.32		North Carolina, Raleigh				
District of Columbia,					North Carolina, Wil-				
Washington.....	16.9	27.8	1.65		ilmington	19.8	32.6	1.65	
Florida, Jacksonville..	25.9	29.7	1.15		Oregon, Portland	17.6	7.6	0.43	
Florida, Key West....	20.5	25.2	1.25		Pennsylvania, Carlisle	14.2	25.8	1.82	
Georgia, Savannah....	17.9	30.0	1.68		Pennsylvania, Chester	13.4	27.4	2.04	
Georgia, Atlanta.....	21.2	29.9	1.41		Pennsylvania, Steelton	18.4	20.3	1.11	
Indiana, Evansville...	12.3	16.0	1.30		Pennsylvania, West				
Indiana, Jeffersonville	15.9	18.5	1.16		Chester	19.9	38.9	1.95	
Kansas, Leavenworth..	13.4	20.8	1.55		South Carolina, Char-				
Kentucky, Louisville..	15.6	28.3	1.81		leston.....	18.8	33.7	1.79	
Kentucky, Paducah...	11.4	29.9	2.62		Tennessee, Memphis..	15.8	22.4	1.42	
Louisiana, New Orleans	20.1	34.4	1.71		Tennessee, Nashville..	17.1	25.1	1.47	
Maryland, Annapolis..	14.8	37.3	2.52		Texas, Galveston.....	19.2	26.7	1.39	
Maryland, Baltimore..	17.7	31.8	1.80		Texas, San Antonio..	30.1	20.9	0.69	
Maryland, Cumberland	18.5	32.3	1.75		Virginia, Alexandria..	23.9	27.3	1.14	
Maryland, Frederick..	21.9	39.1	1.79		Virginia, Lynchburg..	17.6	26.0	1.48	
Maryland, Hagerstown	18.3	21.2	1.16		Virginia, Norfolk.....	18.7	31.8	1.70	
Missouri, Kansas City	16.7	28.3	1.69		Virginia, Petersburg..	23.4	36.2	1.55	
New Jersey, Atlantic					Virginia, Richmond ..	19.6	33.8	1.72	
City	16.9	16.5	0.98						

That the large death-rate among Negroes was almost wholly a matter of environment.

Often you will see the statement, and 'tis probably true, that prior to the Civil War tuberculosis was almost unknown among Negroes. The cause is not hard to find. The owners insisted on hygienic manner of living as a purely business matter. The slave was so much property that had to be hedged by every possible protection. From a financial point of view it was necessary that he be kept in the best marketable, physical condition. It was purely a matter of dollars and cents. But take the same uneducated, inexperienced, ignorant people, throw them, without preparation, on their own resources, and it is the expected that has happened. But while the former slave owner or his descendants are making all the charges, they are not willing to assume their responsibility for a condition that came most naturally; primarily the burden is upon them and ultimately they feel the result. Bear in mind that I am now speaking of places that have a large former slave population and where they are yet employed largely as servants.

You will find that the tenements and other places of residence of the colored people are owned largely by the white man. With him it is only a question of getting his rent. The condition of the place matters not at all. The poor by reason of their poverty must rent from him and he knows it. Tell him of rendering a house comfortable or of disinfecting

a home or a room that had been occupied by tubercular patients and he will dismiss at once the request. That same man will employ as his cook, nurse or washer an occupant of such a home; and he forms a medium of infection to him and his family. Surely if a man is fettered he cannot use his strength as one that is not encumbered. The Negro is largely fettered by his environments. Far be it from me to charge the whole Southern people with a purpose to do the Negro injustice or to be inhuman, because I recognize the fact that among the white people of the southland, we have some of the kindest hearts, the warmest friends that can be found in the world. But there are also those who never stop to consider the poor and lowly.

The large death-rate among the Negro from pneumonia is another lamentable evidence of neglect to furnish comfortable homes by those who rent them. The contributing causes are so similar to tuberculosis that they can hardly be separated; poor houses; underfed people, inability to provide by reason of the smallest of wages, comfortable clothing, etc., these make the high mark of mortality.

We have now come to two diseases: syphilis and gonorrhea which of all in the list have been used most to the Negro's detriment by both medical and lay writers; newspapers and magazines have been made to circulate the idea that its prevalence should be laid at the door of the Negro race. The extreme delicacy of the case, the possible offence that

a free statement controverting some of the baseless accusations made has caused me to almost conclude to withhold any statement. No other diseases have given the same opportunity to make of the Negro a scape goat as the ones mentioned. If these diseases are freely and fairly discussed it would not require much argument to prove that to turn aside blame, both medical and lay writers have set at defiance every known principle of right. Comparisons made from statistics of Northern hospitals and physicians, put the blame on other shoulders than the Negro. I am afraid that too many physicians of both races have been prone to pronounce patients syphilitic when if the case had been patiently and properly investigated a very different conclusion would have been reached. Every skin disease appearing on a Negro is at once charged to the province of syphilis.

The death-rate among Negroes is increased alarmingly by the number of children under 2 years of age. Such is due to neglect and privations that parents generally are powerless to prevent. It does not stand to reason that the Negro children are less healthy than the whites—by no means. Take the condition under which the average Negro child is born and reared, and the wonder is indeed that the death-rate is not much higher. Their mothers are compelled by necessity to go to work within a month or two after confinement, leaving the young one in charge of an older brother or sister, who is little beyond babyhood,

or possibly some feeble old woman, superannuated, almost unable to take care of herself. Thus at a time of the child's life when it needs the greatest care and attention, it receives none. Fed almost anything during the day, having its natural food from its mother after a hard day's work and early in the morning, the only surprise is that more of them do not die. And even in cases when conditions are a little better, ignorance, want of proper food, lack of knowledge that 'tis better to employ a skilled physician rather than to trust to untrained and uneducated nurses. Such things as these swell the death-rate of Negro children.

In studying and investigating this subject we find some facts and figures that we cannot account for, and some notions and beliefs handed down from generations shattered.

It has long been thought and published that the Negro is less prone to malaria than the Caucasian. The idea obtained that there was some hereditary immunity obtained from his African ancestors, that by repeated infection some anti-toxin has been developed that in a degree rendered him less susceptible. But neither reports from private practice nor statements furnished by boards of health bear out this supposition. The fact is that comparative tables would lead me to suppose that if there is any immunity, the white man possesses it. My own opinion is that neither race is less susceptible. As is well known to all present it has been conclusively shown that

Table showing Ratio of Mortality of Ordinary Diseases between White and Colored

	MEMPHIS, TENN.		NASHVILLE, TENN.		New Orleans LA.		BALTO. MD.	WASH., D. C.		U. S. A.	
	WHITE	COLORED	WHITE	COLORED	W. C.	W. C.	W. C.	WHITE	COLORED	WHITE	COLORED
Scarlatina.....	0.004	0.0007						0.009			
Whooping Cough.....	0.0009	0.0142						0.064	0.187		
Malaria.....	0.0367	0.0706	0.005	0.008				0.107	0.052		
Diphtheria.....	0.0141	0.007	0.011	0.003				0.099	0.073	0.08	
La Grippe.....	0.007	0.019	0.006	0.022				0.368	0.582	0.02	
Tuberculosis.....	0.092	0.141	0.078	0.133				1.371	4.450	0.44	2.52
Locomotor Ataxia.....	0.0009	0.0007	0.002	0.0009				0.026	0.010		
Syphilis.....	0.0009	0.003	0.003	0.005				0.009	0.042	0.08	
Atheroma.....	0.003	0.0007	0.002	0.001				0.313	0.114		
Pneumonia.....	0.062	0.092	0.057	0.029				0.784	2.402	0.34	0.63
Pleurisy.....	0.001	0.006	0.002	0.004				0.025	0.104		
Diarrhoea and Enteritis....	0.049	0.044	0.042	0.041				0.161	0.514	0.02	0.63
Cancer.....	0.049	0.015	0.049	0.021						0.12	
Diabetes.....	0.001	0.0007	0.004					0.206	0.021		
Nephritis, Acute-Chronic.	0.096	0.049	0.055	0.035				†0.107 ††1.118	†0.270 ††1.550	0.08 & 0.09	† 0 †† 0.63
Septicemia.....	0.003	0.010	0.003	0.002				0.051	0.073		0.31
Typhoid Fever.....	0.016	0.017	0.026	0.030				0.33	0.38	0.33	
Cerebral Congestion.....	0.042	0.019									
Appendicitis.....	0.013	0.002						0.129	0.094	0.09	0.31
Appoplexy.....								0.801	0.988		
Heart Disease.....	0.061	0.052	0.080	0.106				0.21	0.20	0.19	0.94
								1.23	2.49		

NOTE—References || Under 2 years. † Acute. †† Chronic.

the mosquito is the agent that carries malaria. And that it breeds in damp low places, especially when there is stagnant water, and those are the conditions under which the bulk of the colored population live in our larger cities. They are the last to get sewers, water or any conveniences or necessities conducive to health.

Why diabetes should be so extremely rare among the Negroes, is impossible to say, except as is suggested by Dr. J. A. Robinson, it bears out the nervous theory of the origin of this disease. And a reference to any table will show that nervous diseases form a very small part of the death-rate. But almost any physician either in private or hospital practice can count on the end of his fingers the number of cases of diabetes he has noted within the Negro race. On the other hand nephritic troubles are much more common though there does not seem to be any marked disproportion between the races in these cases. Among the Caucasian we will find that cancer is much more common. Both cancer and ulcer of the stomach being extremely rare among Negroes; which can probably be accounted for by the simple diet and manner of living. We will find diphtheria, scarlet fever, appendicitis, and cerebral congestion all more frequent among Caucasians.

The question that concerns us most now is, Is there a remedy for these things, and what is it? One of the remedies I would suggest is the establishment of day nurseries where

the working mother may leave her little ones. another that I would suggest is that the Negro children in every school be thoroughly educated in the fundamental principles of physiology and hygiene. To this end every teacher should be required to study these subjects and to teach them not in a perfunctory way, but to impress upon the minds an understanding of the pupils in order that a radical change might be brought to the lives of the children, and through and by them carried into the homes. The physician's duty does not end with a diagnosis of the case, he too should be a teacher to lead his patients up to a better living, a clear observance of the laws of health.

DISCUSSION

The discussion of the paper was opened by Dr. S. S. Thompson, of Washington, D. C., who said, "We are compelled to take into consideration, in the selecting of statistics, the method employed in obtaining them, and secondly, the inclination of the individual taking the statistics. Dr. Birnie has ably set forth that it is refuted that the Negro is a menace to the city. This has been written in medical journals of the opposite race and in newspapers. The statement that the Negro is a menace to the city is false; that the Negro is a carrier of disease. If the Negro was a carrier of disease and a menace to the city, there would be a complete annihilation of the whites in the South, because it is in the South and among Southern whites that the largest proportion of our race lives; consequently the Negro is eliminated from that accusation. In Alabama the ratio of disease between the races is

10 to 64, that would be in numbers about 19 white and 31 colored. In the District of Columbia, the ratio is 1 to 65, or 16.9 white and 27.8 colored; nearly 50 per cent. Taking Atlantic City, New Jersey, the ratio of disease is 16.1 to 16.5, only a difference of .4. I want to say this in defence of the Negro—they claim the Negro is fast dying out. From statistics today it shows that the Negro is not dying out, and fading before this civilization as the American Indian is. Take tuberculosis. Statistics show that the alien is dying twice as fast as the Negro. Some of this is true, but there are some statistics which ought to be compared to see whether we are getting a square deal. The statistics of the District of Columbia show that the colored population die faster than the white population, which is due to the large number housed in alleys. So there must be some way to improve these alley conditions."

Dr. M. O. Dumas, of Washington, D. C., said:

"Mr. President: There is no inherent quality in the Negro that makes him die faster than the other races. He was born into this world with the same amount of vitality and the same amount of resisting power that other races are endowed with. The high death-rate of the Negro resolves itself into a very large measure into the matter of environment, which has been emphasized by Dr. Thompson. When you take into account the poor housing facilities that we are obliged to put up with, the nature of the Negro's occupa-

tion, which takes him out into the most foreboding weather; when we note the poorly clad man on the coal cart; I am persuaded to believe that these are some of the elements which enter into the high death-rate of the Negro. Now, Mr. Chairman, another thing which accounts for the high death-rate is the Negro's inclination in many instances to the vicious habit of drinking—excessive use of alcohol will certainly lower his vitality and make him a rich prey for any disease that comes along. In proportion as we are helping to abate the alcoholic traffic about us, which is lowering the vitality of the race, just in that proportion will we be able to ward off the inroads which disease is making upon our people. We ought not forget that while the death-rate is high on account of tuberculosis, that it is not due to any inherent quality of the race. I hope that those of us who are interested in this matter will take up the matter with our people and show them the proper way to live and teach them what the inevitable result will be if they do not heed the advice we give them."

Dr. John B. Hall, of Boston, Mass., said: "Perhaps we are more concerned with every-day life in a sense. We do not spend enough time giving consideration to the manner of living about us. I think it devolves upon the physician more than any other set of professional men. We have got to defend ourselves. We have heard read the statistics of death-rate in different cities. The Northern cities seem to

be better. I had occasion to look up the death-rate in Boston. In one section colored people lived almost entirely; in another section known as South Boston, Irish people lived. The death-rate from tuberculosis among the Irish people and among the colored people differed but very little, which made me think environment had a great deal to do with it. I had occasion to look up the death-rate of children under one and under five years old. The death-rate of the white was 16 per thousand; among the black 18 per thousand. We ought to give more consideration to the manner of living of our people. Look after them when they are well."

Dr. S. Leroy Morris of Atlantic City, New Jersey said:

"The condition and environment with which our people are compelled to put up, are principally the cause of the high death-rate. I do not take much stock in the death-rate stated by some white men. If you will notice when you go back to your homes the conditions surrounding

our people, especially the lower classes, you can readily see why these conditions exist and why the death-rate is so high. I have seen robust and healthy children come into this world and die soon after, not because they did not have the vitality, but because of improper environment, which makes them more susceptible to disease. I lived among colored people and we had no street and our back yards were not cleaned out. I took it upon myself and went to the Board of Health and made complaint and the result was that all that square has asphalt pavement and the back yards have been cleaned out. The thing is, we must go to the front when we want anything. We must impress upon the Board of Health that they are maintaining a nuisance. Gentlemen, if you want a healthy city, you must show an interest in it by helping to improve its surroundings."

On motion by Dr. Sterrs, the discussion was closed.

On motion the meeting adjourned until 2:30 p. m.

Germ Carriers

Germ carriers are now being carefully watched for in Europe (they have always been so in Germany). A case was recently discovered in the town of Qusoe in southern Norway; in the last seven years there have been many typhoid cases in that region. Five persons sickened simultaneously of that disease in one house; here the cause was traced to the milk which had come from a certain dairy farm. But no one at the farm was suffering from

typhoid. Many years ago the farmer suffered a slight attack, but he was now quite free from the disease. But his aged mother was found to be a hotbed of typhoid although she had, in apparent good health, done her daily work about the farm, including the milking of cows, for years. The doctors are positive this old peasant woman has unwittingly infected hundreds. She is now isolated.—The New York Medical Times.

Report of Commission for Study of Pellagra

**By A. M. TOWNSEND, M. D., Nashville, Tenn.*

Having been officially notified of our appointment to the Pellagra Commission, we prepared and sent forth the following circular letter to physicians of the various states. (See circular.) We were very much gratified to have such prompt returns from these circulars, and we wish hereby to express our thanks to the physicians who manifested their interest not only in this disease but in our efforts to gather some facts concerning the disease, its prevalence and the like. We have received returns from Ohio, Illinois, Minnesota, New Jersey, Virginia, West Virginia, Kentucky, Tennessee, Georgia, Alabama, Mississippi, Missouri, Arkansas, Texas and Washington, D. C.

We find that there are few statistics of pellagra, even in municipal, county or state health offices. The data we have been able to obtain dates back not more than 12 months. It is only recently that the profession has turned its attention to this disease which we have aptly termed, the "Medical Mystery of the day," and verily we are of the opinion that the prevalence of this malady among us will have reached in the near future such alarming proportions that it will give us even more concern than the dreaded consumption.

The following are some of the data we have obtained. (See table.)

This table can in no wise be considered complete, but it will serve to give some idea of the sections in which pellagra is most prevalent, the proportion of white and colored affected, the class affected as to circumstances of life, and the fatality of the disease.

This report is not to be considered authority, but it will have served its purpose well, if indeed it infuses into us a spirit for further investigation and research as to the etiology of this disease.

Although this disease for the past 175 years has slain its thousands, it has been so little heard of in the United States that the name has conveyed but little significance to the physicians of this country. This, together with the fact that little has been said about it even in text-books, has retarded its recognition and investigation.

Spitzka dismisses the subject with the casual remark that "pellagrous insanity will not be here discussed as it does not occur in America." In Osler's "Modern Medicine" we find no mention of pellagra except in Vol. 6, issued in 1909, where the disease is simply differentiated from "Melasma suprarenalis." Osler in his "Practice of Medicine" (1905) devotes about twenty-four lines to pellagra, simply stating that the disease is due to the use of altered maize, and that it has not been observed in

*Read before the National Medical Association, at its Twelfth Annual Meeting, Washington, D. C., August 24, 1910.

the United States; that the anatomical findings are indefinite with occasional degenerative changes, particularly fatty degeneration and a peculiar pigmentation in the viscera.

Tyson in his "Practice of Medicine" (1906) has about a dozen lines on pellagra. Not much more does Ander's mention in his 1905 edition. And the latest edition of Loomis does not touch upon pellagra at all.

The disposition of these authorities to ignore the disease in their text-books, no doubt had much to do with delaying the diagnosis of the condition.

DEFINITION

Pellagra may be defined as a systemic disease, of slow evolution, characterized by marked intestinal symptoms, peculiar skin manifestations and tropho-neurotic changes.

Its word origin is Italian. *Pelle*, skin; and *agra*, rough. So-called on account of the roughness of the affected skin.

HISTORY

Pellagra is not a new disease. It probably existed among the American Indians as far back as the year 1600. Its history begins with its discovery by Casal of Spain in 1735. It was recognized and described almost simultaneously in Italy and Spain. In 1820 it was well known in France and twenty years later spread over Romania. During more recent years it has been known in Hungary, Russia and Portugal, and constantly, since 1856 it has been endemic in the island of Corfu, off the coast of Greece. In 1902 it was reported existing in the United

States by Harris of Georgia. In 1906 an epidemic of pellagra occurred in the Alabama State Hospital for colored insane at Mount Vernon. Retrospectively, this disease had appeared each summer in this hospital for five years.

It has even existed no doubt among us without recognition. We have been calling it chronic diarrhoea melanosis, syphiloid disease, eczema, entero-colitis, dermatitis exfoliativa, intestinal tuberculosis and the like.

So, therefore, what seems to be a rapid onset and spread of the disease among us, is apparent and not real, due to the fact that since our attention is being called to it we are thinking more about it, studying more about it, and consequently as our knowledge widens and our skill in diagnosis develops, the strangeness and peculiar manifestations of these conditions are being robbed of their mystery.

It seems that pellagra is existing to the greatest extent in the Southern States, and that it affects whites as well as blacks, the rich as well as the poor, the learned as well as the ignorant.

We must realize that there has appeared among us in considerable numbers, a disease which is peculiarly deadly; a disease which affects thousands of the Italian people today, and is on a steady increase, notwithstanding the fact that measures for the prevention and restriction of the disease have been most strictly carried out in Italy; a disease which has added to its frightful characteristics, a condition of doubt and ignorance.

ETIOLOGY

The cause of pellagra is just as obscure now as when discovered in the 18th century. The path of investigation has been worn bare by the ablest of Italian and French students, and yet it is singularly barren in results of reliable facts.

The investigations may be said to be divided into two classes; viz:—Zeists and anti-Zeists. The Zeists claim that pellagra is the result of the use of molded or damaged corn as food. But they can't decide whether the disease is due to deficiency in the nutrient principles of the corn, or the existence of a definite toxic substance in normal corn, or to the elaboration of toxins after eating corn, or the elaboration of toxic substances during the decomposition of corn, or to bacteria, fungi or molds found in corn.

The anti-Zeists are looking for the cause of disease elsewhere than in the use of diseased or damaged corn.

The relation of corn to the disease has prevailed ever since its discovery in the 18th century and is yet the mostly talked of theory.

That it is due to deficiency in nutritive principles has no weight for corn stands high as regards alimentary value. Insufficient nourishment may bring about inanition and marasmus but never causes specific lesions like those of pellagra. People who live solely on rice or potatoes are free from the disease, although these foods are far inferior to corn in nutritive value.

In 1845 it was thought that a living organism, a mold, found in the

greenish stain so often seen in the germ groove of grains of corn, was responsible for the disease. In 1860 the cause was attributed to the smut found on the corn.

1871 Lombroso announced that pellagra was an intoxication not an infection, caused by the ingestion of certain toxic substances which were elaborated in damaged corn by some form of micro-organism living upon it.

Since then legion have been the causes attributed without any definite conclusion reached.

Individually, while our practical experience and personal observation cannot be allowed to have weight, we are of the opinion that pellagra is a communicable, infectious disease. We admit that it may be possible for the constant eating of corn to have such effect upon the system of some individuals as to provide a suitable soil for the development of the disease germ, and the reason that we find only one of a family usually affected lies in the power of vital resistance, and like tuberculosis and other infectious diseases can be associated with lessened resistance or hereditary predisposition.

When we realize that it is apparently impossible to eradicate the disease from Italy, Roumania and Austria, and when we see that the Italian government has spent and is spending large sums of money in teaching the people how to prepare their food and furnishing them sound corn and good bread, and yet it seems difficult to make appreciable progress in the eradication of the disease;

when we think of what an easy matter it is to sterilize food stuffs, and when this is done in sections where pellagra is prevalent, and notwithstanding all, the disease continues to spread, we are forced to think that there is some other cause for it than through articles of diet.

PATHOLOGY

The pathological findings in cases of pellagra have so far been practically negative.

What post-mortem examinations have been made, have been of the most searching kind and careful histopathologic work, yet they do not supply the crucial facts that help directly in the study of the etiology of pellagra. Few autopsies have been held in this country. So far, to our knowledge, only two autopsies have been held in Tennessee. One on a Negro male, 17 years of age, who died recently in Knoxville and held by Dr. Green. (To be described later.) The other one a male, white, 12 years of age who died at the Davidson County Hospital, Nashville. This autopsy was held by Litterer of Nashville and is described as follows:

Extreme emaciation and absence of adipose tissue. The lungs hypostatic, heart flabby and small, valves normal. Liver enlarged slightly. Spleen three times larger than normal and very dark and friable. Kidneys slightly congested, normal in size and capsule stripped easily. Stomach was enlarged and very thin; in places it appeared as if it had no mucous membrane. No blood found

in the stomach. In the jejunum, ileum and colon a marked thinning of the mucous membrane. Blood found in the entire intestines. In a few areas the wall of the intestines was so thin that it gave the appearance of an erosion.

Fragility of the bones noted on opening the spinal column. Spinal cord showed inflammation and thickening of the dura mater.

MICROSCOPICAL

(1) Lungs hypostatic, congested.

(2) Heart muscles undergoing fatty degeneration in areas, while in others an atrophic change was taking place.

(3) Liver showed cloudy swelling, fatty; also an excessive pigmentation of cells.

(4) Spleen shows a marked hyperplasia and cloudy swelling with some pigmentation of cells.

(5) Stomach and intestines showed a marked thinning of the mucous membrane with congestion of areas.

(6) In the spinal cord is found a degeneration of the posterior column, differing from that of tabes in showing no involvement of posterior roots. Also found in this case a degeneration of the cells in Clark's column; also changes in the large Betz cells of the anterior horn.

Cultures were made from the heart, blood, liver and spleen with negative results.

Tuczek describes the wasting of adipose and muscular tissue, brittleness of bones, atrophy and fatty degeneration of the internal organs, heart, kidneys, spleen, intestines, liver and lungs. He also describes

three other groups of morbid changes: (1) Intestinal-atrophy of muscular coat with occasional hyperaemia and ulceration of the lower part of the tract; (2) Abnormal pigmentation, especially of ganglionic cells, heart musculature, hepatic cells and spleen. (3) Alteration in nervous system.

In the cord the changes are fairly substantial and important; degeneration in the lateral columns in the dorsal region and in the posterior columns in the cervical and dorsal regions; very few changes are found in the lumbar cord. The findings in the brain mostly negative. He states that typhoid pellagra has no special pathology.

Lumbroso, from observation on 113 necropsies describes changes very similar to above.

SYMPTOMATOLOGY

A typical case of pellagra presents three distinct characteristic stages of symptoms; the gastro-intestinal disturbances, the skin eruption and the nervous phenomena. These symptoms may not all appear in every case or they may not be well marked in every case, nor appear in order mentioned in every case. In fact, it is said that we may have "Pellagra sine Pellagra;" that is, pellagra without the skin eruption, and who knows but that the degenerating dementias so common among us, and the chronic melancholias so troublesome to us, are but the results of the subtle ravages of this hitherto unrecognized guest in our midst, and that many such cases have been seen, slightly regarded and dismissed by us, while slowly but surely our patient has

drifted beyond our reach and we none the wiser.

The patient in most cases; first consults the doctor for some disturbance of the stomach or bowel. He may give history of feelings of weakness and an involuntary lethargy to work. We may note that the patient is pale has coated tongue, has peculiar staring look and complains of head ache, giddiness, and vague but often severe pains in the back and joints. The doctor may think these symptoms of no serious import and prescribes as in ordinary cases of digestive trouble or diarrhoea. We might here add that the symptoms of the first stage of pellagra so resembles those of ordinary gastro-enteritis, that it is hard to make a diagnosis until the second stage is manifest by the appearance of the characteristic eruption. We should therefore look with suspicion upon every such case that comes to us.

The patient pretty soon will return to the doctor and state that his condition is no better, but if there is any change he is worse—the symptoms more aggravated. The coated tongue has lost its epithelium (having the "bald tongue" appearance), giving rise to a sore condition, accompanied by a peculiar taste and often copious salivation. The gums may be swollen and bleed easily, whence the name, "Alpine scurvy". There may be eructations of gas, nausea and vomiting. The appetite is variable. The epigastric region and sometimes the lower part of the abdomen are tense and painful. The diarrhoea is character-

ized by not yielding to treatment to any satisfactory degree. It may, however, alternate with constipation in some cases.

Pretty soon as the disease progresses the characteristic eruption will appear—an erythema. This eruption is found for the most part upon the exposed surfaces of the body, the hands, the feet, the face or neck. It looks like a sunburn. It appears usually first upon the joints of the hands and will spread until the whole hand may be involved, and then usually up the wrist about as far as the coat sleeve comes down and presents the appearance of a glove on the hand. The line of demarcation between the affected skin, wrinkled like that of a man of eighty, and healthy skin is usually distinct and sharply defined.

The patches of erythema are irregular in outline and intensity. The affected area swollen and tense. The congestion disappears completely, but temporarily, on pressure. The eruption is of a dirty, rough, dead looking color, and somewhat desquamative in its character. Later it may become darker and shriveled and scaly. In some cases there may be a recrudescence of the erythema. This eruption is inflammatory in its nature and bullae may appear filled with serum.

Assisted by Dr. J. H. Holman, Professor of Histology, Bacteriology and Microscopy at Meharry Medical College, we made a close examination of this serum under microscope and it was found to be a serious inflammatory exudate containing only

a few staphylococci and squamous epithelium.

The bleb formation is not associated with the eruption in all cases. In the 100 cases in the Peoria, Illinois Hospital only 10 per cent. developed these blebs. It was noted that the bleb formation occurred only in cases showing severe constitutional defects and bore an important relation to prognosis. It is these cases also where will be most likely seen oedema of the hands.

Characteristically, and the most striking feature of this eruption is its symmetry. It may be that it will appear on one hand before the other becomes extensively involved, but in course of time the lesions on both hands or feet, or both sides of the face, or both angles of the mouth, or as the case may be, will show perfect symmetry.

Other symptoms are redness of the mucous membrane of mouth; a sensation of heart in mouth and stomach; anaemia; muscular weakness especially of lower limbs; a peculiar odor not unlike that of typhus fever as described by some; insomnia; changed character; irritable, nervous condition but at some time stupid and morose; and sometimes a peculiar facial expression and a frown on the forehead as if in the presence of foul odors. As a rule there is no marked permanent elevation of temperature.

Nervous phenomena dominate the scene in pellagra. Implication of the nervous system is indicated by tremor of the tongue, exaggerated tendon reflexes in most cases, insom-

nia. Extreme weakness, especially in the lower extremities. A feeling of burning in the palms of the hands and the soles of the feet, general depression, progressive wasting, melancholia, confusion, slow dementia, alterations of motility, ataxic gait and the like.

While it may be true that the nervous phenomena are manifested in various ways and the various degrees, in the cases that have come under our observation the manifestations have never extended beyond the degree of fatuous melancholia. In no case have we witnessed any pugnacious, suicidal or homicidal tendencies.

DIAGNOSIS

The question now arises as to what these skin lesion might be mistaken for. One might possibly think of such lesions being mistaken for erythema multiforme because it develops in the same area, but the lesions of the eruptions of erythema multiforme are of brighter red color, are more acute in their development and there is more oedema in the different lesions and there is no anaesthesia on the red areas.

Lichen planus sometimes develops only on the backs of the hands, but the lesions of lichen planus are so characteristic that I can scarcely see how error can be made.

It is rare for a lesion of syphilis to appear like those of pellagra. Erythema multiforme is probably the only disease in the early cases of pellagra that would lead to difficulty. As a matter of course if the gastrointestinal symptoms are marked and

the case well advanced, there would be no difficulty in differentiating erythema multiforme, on account of the marked constitutional disturbances, found in well advanced cases of pellagra.

It is possible for some cases of eczema to bear resemblance to the lesions of pellagra, but eczema nearly always is characterized by a marked itching, while there is scarcely any itching associated with pellagra on account of the areas being anaesthetic. So if one keeps in mind the areas covered by the pellagrous eruption, the extent of it, and the anaesthesia associated with it and the well marked constitutional disturbances associated with it, he can scarcely make a mistake.

In fact pellagra possesses a morbid phenomena peculiar to itself.

PROGNOSIS

Nearly always fatal. Grave at most. At first the symptoms may abate, but the next spring, the time for its recrudescence, the whole series of phenomena recurs in a more severe form. This may go on even for year after year. Finally the patient becomes emaciated, demented, helpless, bedridden, and suffering from incontinence of urine and uncontrollable diarrhoea, covered with bed sores and neglected, the scene is closed.

When we think of the indefinite and pervasive character of its etiology the vague manifestation of its pathology, with the lack, not only of any specific treatment but the apparent inefficacy of all treatment—to us pellagra is more to be dreaded than

consumption for that can be cured; more to be dreaded than hookworm disease for it is said that 50 cents will cure each case of that; more to be dreaded than small-pox or yellow fever for these are preventable, but for pellagra we cannot offer any hope. Medical science finds itself almost completely baffled by this mysterious and loathsome disease, notwithstanding the many advances that have been made in various means for the study of the cause, prophylaxis and eradication of diseases.

TREATMENT

With no definite conclusion as to its cause, we can offer no specific treatment for its cure.

Transfusion has been tried with unsatisfactory results. Haemospasia or Junod's blood derivations is being recommended. Atoxyl hypodermically, has been used unsatisfactorily. Some claim good results from saturation by Calcium Sulphide. Wade recommends Arsenite Copper gr. 1-100 for Diarrhoea.

The best results so far however seem to be obtained by cleanliness, daily salt baths, arsenic (Fowler's solution) and tonics, nutritious diet and open air.

A Case: - Reported by Dr. H. M. Green, Knoxville, Tenn.

We report this case because it was a case for demonstration at the meeting of the Tennessee State Medical Association and the diagnosis confirmed.

Case—Herman Summy, colored, age 17, Tennessean by birth, occupation elevator boy.

History:—Family good; one of

eight children, all living and in good health; father laborer, practically perfect health; boy a maize eater by habit. Habits temperate, morals excellent, complexion light, being crossed between Indian, Negro and Caucasian.

For six months previous to final attack, patient suffered from frequented attacks of stomach trouble alternating between constipation and diarrhoea, had been treated for gastritis by three or four physicians, had taken home remedies for the same, always experiencing amelioration followed by relapse. Six years prior to death patient had suffered an attack of gastro-enteritis followed by pharyngitis and moderate salivation. By this time patient saw Dr. A. who diagnosed the case as tonsillitis and gastric complications; treatment without effect and in about a week patient developed acute arthritis and myalgia. Consulted by Dr. B. who diagnosed the case as acute rheumatism, treatment ineffective. I was called in to see the case four days later, found patient suffering with intense pains with gastrointestinal symptoms, tongue fiery red with marked salivation; prostration quite noticeable and increasing; diagnosis probably pellagra. Three days later, dark colored eruption appeared on the top of the feet and the back of the hands.

This eruption was accompanied with increased gastro-intestinal symptoms. Noticeably the eruption receded, only to be followed in a few days by a marked exaggeration of the same condition. At the same

time I noticed blebs resembling a burn in first degree. These blebs were filled with sero-sanguinous fluid and point injured was not tender to touch and did not itch or burn but with every exacerbation of eruption the gastro-intestinal symptoms became intensified. Pyrosis very marked and lateral tenderness, especially on the right side of the spinal column extending to the sacrum. Face expression, idiotic; knee jerk was intensified or exaggerated; gait, ataxic; every increase in eruption was followed by a new attack of melancholia, and these were so frequent that I did not really know whether the melancholia preceded or followed the attack.

The nervous system at all times showed a great amount of disturbance, most of the symptoms were clearly attributable to nervous derangement and I am not sure from the pathology of the case that all symptoms might not be truthfully charged to a deranged nervous system in this case. I noticed that as the eruption increased, the redness of the tongue became more marked, and as the eruption receded the tongue became less fiery and coated with a yellowish coat. In this case no microscopic examination of the dejecta was made; however, late in the case, at the suggestion of Dr. A. M. Townsend, I did make a microscopic examination of the fluid from the blebs which proved to consist of red blood cells and serum, but leucocytes were notably absent, notwithstanding the fact that patient had marked leucocytosis. Urine was

examined and found to contain no albumin or sugar but high specific gravity; showed great concentration. Contained a few epithelial casts, no blood nor tube cast. The emaciation in this case was rapid, showing in the lower extremities and gradually extending to all parts of the body. At death he showed all symptoms of marked muscular atrophy. Near the close of the scene he had a few lucid moments being violently insane at times with marked suicidal inclinations. Gastro-intestinal tract became so incapacitated that the patient seemed to have died from starvation, being unable to take food during the last eight or ten days of existence.

After death, succeeded in getting a post-mortem which was so affected by post-mortem changes as to complicate our findings, however, the following was observed:—

Lungs hypostatic; spleen much enlarged, more than twice its normal size; liver very dark and friable; probably a little larger than normal; heart, very flabby and the left wall much diminished in thickness; kidneys normal, capsule peeled more easily than is its wont; intestines and stomach both contained blood which may have been due to post-mortem changes.

Microscopical:—The heart seemed to have undergone fatty degeneration in part, especially the right ventricle, while the left showed atrophic changes; liver showed cloudy swelling with some fatty degeneration. The stomach and intestines showed marked thinning of the walls which

gave the impression of having been worn away. The spinal cord was congested, the posterior column showing evidence of degeneration. Cultures were not made of the blood as post-mortem changes rendered it useless.

Treatment:—Treatment in this case consisted of Arsenic and Iron together with other remedies; Potassium Iodide and Sodium Iodide being chief alternating remedies used. Locally Ichtholdine and Iodine were used without effect; a most thorough hygienic regimen was obtained throughout. Animal broths were given as food and all grain products absolutely excluded, yet, this case progressed rapidly to a fatal termination, dying seven weeks after coming into my hands.

History prior to coming into my hands was given by family and other doctors who attended him prior to my taking charge of the case. I might add that the eruption continued to come in successive crops; each crop seemed to bring in its train symptoms intensifying in character.

Deductions:—Of course one case is not sufficient to reach conclusions but; I am of the opinion that pellagra is an infectious disease, probably due in no way to maize eating and that the chief lesion is one of the nervous system. The nerve is a direct object of attack for the germ which causes these symptoms whatever it may be.

Pellagra stands in abeyance to treatment from the fact that its etiology is yet obscure and we are yet lost in what means its prophylaxis lies. Every physician is therefore mustered into service for the search of the cause and consequently the prophylaxis and successful treatment of this disease which is producing among us a very uneasy state of feel-

ing, and whose gravity and danger lie in the immediate and remote consequences not only to the individual, but posterity.

We your commission are aware of the fact that this report is not authoritative from personally pathological and experimental research, but we have endeavored to bring to you with limited material at our disposal what observations we have noted in the cases that have come under our supervision and our conclusions derived from these observations, contrasted with those of eminent investigators along this line. We are of the opinion that such commission should be retained for further investigation of this disease, not only for proof that our association endorses and encourages professional research, but to change the almost universal opinion that the Negro physician is non-investigative.

We must prove that the Negro physician is investigative, and that he is not like a cistern, good to hold the thoughts of others alone, and when the time comes that it is forced to rely on itself it has no power to do so; but, that he is like a river, which is being constantly fed by its own springs and when the learning of others comes to it, unites with its waters and its stream widens and deepens as on it flows.

Respectfully,

A. M. TOWNSEND, Chairman;

J. E. HUNTER,

C. M. WADE,

Pellagra Commission.

TAKE NOTICE:—The Pellagra Commission is continued another year for further investigation. You will greatly aid us in this work if you will send us reports of any cases you may have in your own practice, or any case that may come under your observation, or any cases reported in your city or county. Hearty co-operation is solicited and will be greatly appreciated.

Table showing Results of Investigations concerning Pellagra

PLACE	POPULATION		♂ C N	RACE		CIRCUMSTANCES OF LIFE	CORN STUFFS	BY WHOM REPORTED
	TOTAL	WHITES		COLORED	W			
Natchez, Miss.	15 000	7 000	3	1	2	1	1	Dr. A. W. Dumas
Macon, Ga.	50 000	27 000	6	5	1	5	All good	Dr. J. W. Lundy
Columbus, Ga.			S					Dr. J. W. Lundy
Eaton, Ga.	2 500	1 700	3	3		3	Poor	Dr. G. A. Howell
Atlanta, Ga.	150 000	85 000	1		1		Good—Headwaiter.	Dr. H. R. Butler
St. Paul, Minn.	215 000	210 000						Dr. V. D. Turner
Decatur, Ala.	20 000	12 000	4	4			Raised partly	Dr. W. E. Steers
Tuskegee Institute, Ala.	5 000	2 000	8	3	5	2	1	Raised and shipped
Talladega, Ala.	8 000	4 000	4	2	2			Mostly shipped
Lexington, Ky.	26 000	14 000	1	1			Ordinary	Dr. J. A. Kenney
Perryville, Ky.	500	250	1		1	1	Moderate, from Ind.	Dr. W. H. Brummitt
Paducah, Ky.	30 000	21 000					1	Dr. B. F. Jones
Russellville, Ky.	3 200	2 000						Dr. Van J. Davis
Bowling Green, Ky.	12 000	8 000						Dr. U. S. Porter
Harrodsburg, Ky.			1		1		Poor	Dr. Otho Porter
Franklin, Ky.			1	1	1	1	1	Dr. Mary E. Britton
Hot Springs, Ark.			6				2	Dr. Mary E. Britton
Helena, Ark.	10 000	5 000						Dr. C. M. Wade
Wynne, Ark.	3 500	2 000						Dr. R. A. Williams
Elizabeth, N. J.	80 000	79 000						Dr. J. T. Clowers
Newark, N. J.	28 000	24 500						Dr. J. A. Lawrence
Decatur, Ill.	35 000	33 500						Dr. W. G. Alexander
Cairo, Ill.	14 000	9 000						Dr. H. C. Ganaway
Springfield, Ohio.	50 000	45 000						Dr. Wm. H. Fields
Portsmouth, Va.	30 000	20 000						Dr. W. C. Goodson
Lynchburg, Va.	35 000	27 000	6	3	3	6	3	Dr. J. J. France
Norfolk, Va.			4		4	2		Dr. Thos. J. Francett
Charleston, W. Va.	28 000	22 000						Dr. A. Lyman Paly
Corsicana, Texas.	3 500	2 300	7	1	6	6	1	Raised and shipped
Fayette, Mo.	4 500	2 300						Dr. H. F. Gamble
Washington, D. C.	331 069	231 069	1	N				Dr. G. Phipps
State of Tennessee			40					Raised mostly
Knoxville, Tenn.			6	3	3	4	1	Dr. H. E. Johnson
Memphis, Tenn.	200 000	125 000	4		4	3		Dr. Geo. W. Cabiniss
Davidson Co. Tenn			26	26		6	6	Dr. A. M. Townsend
Nashville, Tenn	125 000	75 000	15	11	4	8	4	Dr. A. M. Townsend

REFERENCES: N. C. R.—No. Cases Reported. W—White. C—Colored. N. D.—No. of Deaths. S—Some. N—Norwegian, a missionary.

DISCUSSION

Discussion of the paper opened by Dr. Wade. Dr. Dumas arose to a point of order stating that Dr. Wade was a member of the commission and he thought that he ought to yield to some one else.

Dr. Townsend said that he would like to have Dr. Wade close the discussion in his stead. The paper was discussed by Dr. Dumas, of Mississippi, who said:

"I have had several cases of pellagra and have been in a position to be a very close student of the same, and especially in one case, which I had in my sanitarium. In the latter stages of pellagra the temperature is very high. Vomiting is very severe and we find it very difficult to do anything. This was, perhaps, the best marked case which I have seen. I am of the opinion that sulphur and potassa are a help, but we have no remedy that we can depend absolutely upon in pellagra. Open-air treatment is also helpful. I am satisfied that at present we have no specific for the disease. I do not believe that pellagra is the result of eating musty corn. It has been considered for a long time as a disease of nutrition."

Dr. J. R. Levy, of South Carolina, said:

"Last year Dr. Babcock was very enthusiastic over pellagra. He called together all of the foremost men in this country as far as possible for a conference on pellagra. I wrote the Secretary of the State Board and asked if colored physicians would

be allowed to attend. He said that he would be glad to have all attend who could. I went to that conference and listened to the discussion. When they got through, they were at sea as much then as they are today. I have seen several cases of pellagra among both white and colored. Some of them have been pronounced cured and some were not cured. It seems to be the consensus of opinion that if the disease is taken in the first or second stage it can be cured. One physician on the sea-coast said that pellagra resembled a disease which his horse had. His horse was taken sick and he sent for a veterinary surgeon. He came and examined the corn which the horse had been eating. He said if you change the food of the horse he will get all right. He changed the food of that horse and he got all right. Here is one physician who says that his patient was fed on bad corn. Another physician says that his patient had eaten no corn and yet she had pellagra. I think the N. M. A. should open a test college and find a cure for this disease."

Dr. R. G. Martin, of Memphis, Tenn., said:

"We have under our charge in the Infirmary in Memphis a patient in which the history of the case in its incipient state had a very high fever for several weeks. We must remember again that the patient might have eaten some peas or beans. We have traced our cases back and found that the disease was due to drinking whiskey—corn whiskey. I suppose there is a great work yet

to be accomplished along the line of finding a real cure."

Dr. H. P. Cobbs, of Gordonsville, Va., said:

"I agree with the speaker who has just yielded the floor. There was one case of pellagra in our town and we were unable to make a diagnosis. The diagnosis was made at the Johns Hopkins Hospital. I was called in to see the patient. The patient's physician had diagnosed the case gastritis. I did not know what it was. But in two or three days we were convinced. The patient returned from the Hospital in three months. He has gained three pounds. He used corn only in one form and that was whiskey."

Dr. C. M. Wade, of Hot Springs, Ark., closed the discussion:

"Mr. Chairman and Members of Association: There is nothing that

I can say to improve upon what my colleagues have said. I have had six cases in the state in which I live. A white physician there who is a member of the State Medical Association had about eight cases. In these eight cases, I believe that he lost only two. There is a new theory advanced as to the cause of this disease. One doctor says that it is due to the sand fly. Says that it is conveyed like the measles or yellow fever and confined to those regions where these insects are. I believe it is curable. A local application, where there is exfoliation of the epidermis of one to two per cent. of picric acid is beneficial."

The Chairman stated that if there are no objections the Commission will continue its investigation until the next meeting.

Negro Physicians

During the first years of the work the educational requirements for the study of medicine were lamentably low, though equal in most cases to those then required by many of the white medical colleges; the laboratory equipments were inadequate and the clinical advantages limited. The requirements for admission to Negro medical schools have been gradually raised until now at least a four years' high school course or its equivalent is demanded; the laboratories are better equipped and the students are provided with a fair amount of clinical work.

In the earlier years so great was the demand for general practitioners that little was attempted by the Negro medical schools in the way of

training surgeons or medical specialists, but this condition is gradually changing and a considerable number of colored physicians have a good record as surgeons, while a few are devoting themselves largely to the treatment of special diseases.

It is estimated that there are now eight millions of colored people living in the Southwestern States and that there are only about sixteen hundred Negro physicians to minister to their needs, or one physician to five thousand of his people. This is about one-ninth as large as the proportion of physicians to the entire population of the United States.—Dr. G. W. Hubbard in the Southern Workman.

A Case of Triplets :: ALL HEALTHY AND THRIVING

**By E. E. McCoy, M. D., NASHVILLE, TENN.*

I desire space in the Journal to make known to the medical profession that I have had the very great pleasure of delivering triplets; pleasure inasmuch as the delivery was a success in every detail. The delivery was normal in every respect. The first baby was a breech presentation, the second was a L. O. P., and the third was a L. O. P. I make mention of this, I did the delivery in an hour and did not experience half the trouble in delivering the three as I have had in delivering one baby.

The first picture was made when they were six weeks old, and the second at fifteen months of age. They are well and healthy at this writing, so are the mother and father.

All are girls. At birth the first weighed six and one-half pounds, the second, seven and one-half, third baby weighed eight pounds. A difference at birth in weight which they still maintain, but all are hearty.



1. At six weeks



2. Same at 15 months

* Since the above was written the father has met with death from a gunshot wound.

Report of Hookworm Commission

**By J. A. KENNEY, M. D., Chairman, Tuskegee Institute, Ala..*

Gentlemen of the National Medical Association:

Lack of both funds and time have caused me to confine my investigation to letters, and to a limited amount of work in my immediate community. Some 500 circular letters have been despatched to physicians and Health Boards, both in this country and to some extent abroad. Very few of these circular letters have attracted any attention whatever from those to whom they were sent. A number of personal letters have also been written, but they have met with very little better reception than the circulars. From altogether, I have received thirteen replies as follows:

One from Sherman, Texas, which reports a population of about 75,000 in the county, 10 to 15 per cent. of whom are colored, and only one case of hookworm disease reported, that being a Negro woman, who recently moved into the community from Georgia, and she was affected with the disease before moving into the state.

Another reply came from San Diego, Cal., in which the informant states that there are a few cases of hookworm disease in the northern part of California. The population of the county is about 42,500. No cases of hookworm.

The writer has never seen a case.

From Jersey City: No hookworm present.

Portsmouth, Va.: The writer states that "The disease is said to be present," but that he has had none in his practice.

From Nashville, Tenn., the writer reports 2 cases in his practice, both of whom were Negro students from South Carolina and Florida. Both improved under Thymol treatment. He also saw two white cases at Dr. Stiles' clinic. He has heard of no deaths from the disease in the state.

From Huntsville, Ala., the writer admits limited experience with the disease, but does not believe its prevalence is marked among Negroes in the South.

Opelika, Ala.: The writer believes the disease to be prevalent among Negroes of the South. Has met with few cases in his practice, but does not believe the Negro is sufficiently addicted to the disease to justify Negro physicians taking any special interest in the same.

Springfield, Ohio: "No cases reported."

Decatur, Ala.: The writer, a practitioner of about 20 years experience has never seen a case, and says it is not present.

Little Rock, Ark.: Secretary of the Arkansas Medical Society assures me that he is willing to co-operate

*Read before the National Medical Association, at its Twelfth Annual Meeting, Washington, D. C., August 23, 1910.

with my Committee, but at present, as his work along this line has hardly begun, he is unable to give definite information.

Mr. A. H. Milne, Secretary of the Liverpool School of Tropical Medicine, Liverpool, England, advises that there is no hookworm disease in Liverpool, except amongst sailors at the Royal Southern Hospital, who contracted it elsewhere.

Dr. Andrew Balfour, Director of the Wellcome Research Laboratories, Gordon College, Khartoum, writes as follows: "Uncinariasis is not very much in evidence in the Northern Sudan, though common enough amongst the Egyptian soldiery stationed here. Agriculture has not yet progressed sufficiently far to make the disease a notable danger, and the prevailing desert conditions are not, in all probability, suitable for its propagation.

"In the Southern Sudan (Bahr-ElGhazal) it would seem that the American hookworm (*Necator Americanus*) exists, but one does not hear much about it; these districts being still in a more or less savage state. No special work has been done on the disease here, but ankylostomes, or rather agchylostomes have been found in the lion and the goat. A brief note in the Review, supplementary to our Third Report, pretty well sums up all one has to say on the subject. I much regret I cannot give you more useful assistance in the matter."

From a circular issued by the State Board of Health, Ga., we get the following: "This parasite has un-

questionably existed in all of the southern portions of the United States since its first settlement by the whites, and beyond doubt is a heritage left us by the former owners of the soil. This hookworm disease is probably the most common of all the serious diseases prevalent in Georgia."

In 1903 Dr. E. D. Bondurant, of Mobile, in a paper before the Alabama Medical Association, reported that up to that time he had diagnosed 50 cases of hookworm disease, but mentioned no case having been found among the Negroes by himself. He reported however, one case in a nineteen-year-old, colored, insane patient found by Dr. G. H. Searcy of Mount Vernon, Alabama. At the same meeting, a paper was read by Dr. Stiles in which he stated that, "The disease is more severe in the white than in the Negro," and that "Several practitioners declared that they had never seen a case in the Negro to recognize it."

In trying to explain this condition, he paid the Negroes the following compliment: "It is true, as frequently claimed, that some of the Negro habitations are more clean than some of the homes of the poorer whites."

In my personal investigation, I have examined specimens of feces from 112 subjects, some of whom were suspected of having the disease, but the great majority of whom were unsuspected. The records show ova positive in 7; suspicious in 4. Of the seven in whom the ova were found, in only four

were they very numerous. One of these was a girl seventeen years of age, Deland, Florida, very anemic, suffering with amenorrhoea, general debility, sluggish, tired feeling, sleepy, indisposed to duties, shortness of breath, and lived on sandy soil, and had never had Ground Itch. Haemic Murmurs heard over left sub-clavian artery. After the administration of 30 grains Thymol, no worms were found, but the eggs disappeared from the stools, and after a period of several weeks another examination was made. Eggs again present. This time 40 grains Thymol were administered with result that a few worms were expelled, and patient improved. Patient seen on August 13th, says she feels a great deal better. The tired indisposed feeling has left, also has menstruated once for the first time, and is gaining flesh.

Another patient male, age 22 years, who had lived on sandy soil, had had Ground Itch; gets tired on exertion, sleepy, and indisposed to duties; suspected himself of suffering with hookworm after having heard one of my popular stereopticon lectures on this condition. Feces examined; a few eggs found. Thymol given, and a very few worms expelled. Examination of feces since reveals ova to be absent. He left my community, and I have had no opportunity for observation since.

Case No. 3: Student, male, age 16, Porto Rican. Somewhat anemic; lived on sandy soil; suffered with general debility; gets tired and sleepy while at work; short of breath and

generally indisposed. Feces examined; eggs found. Thymol administered, but no worms discovered. Another examination of feces a week later showed absence of eggs; patient somewhat improved.

Right here, I would like to mention that in certain cases where I have found eggs present and given Thymol, even though worms were not discovered, subsequent examinations showed absence of the ova. The same, I found true to an extent after Calomel.

Case 4: Girl, age 14; home Alabama; lived on sandy soil; has had Ground Itch, sores on her legs, shortness of breath; gets tired on exertion, sleepy and indisposed to duties. Thirty grains Thymol administered without finding any worms.

The examination of feces for the eggs of the hookworm is not at all difficult or complicated; however, not being an expert microscopist, I corresponded with Dr. E. M. Mason, of Montgomery, Alabama, the State Bacteriologist, and he very generously invited me to the state laboratories where demonstrations of the eggs and worms and methods of examinations were made. It was also agreed that I should submit specimens of any suspicious cases for confirmatory diagnosis. I took advantage of this in one case only. In this my diagnosis was confirmed.

I have read what literature I could obtain on the subject, from the Surgeon General's Office in Washington, and other sources, the latest being a book by Dock & Bass just,

published by the C. V. Mosby Co., of St. Louis, Mo.

The short space of time allotted for this part of our program will not permit me to go deeply into the historical sketch, morphology, diagnosis, prophylaxis and treatment of the disease. It seems to be pretty well agreed that the disease had its origin in the tropics, that it was known in Egypt more than three thousand years ago, and probably entered Europe by way of the Mediterranean border states, extending as far North as Belgium. Dr. Bondurant of Mobile, Alabama, claims that prior to 1893 no authentic American case had been reported, and up to 1901 less than forty cases had been placed on record. It was just after the Spanish-American War in 1899, when Dr. Bailey K. Ashford, Major, Medical Corps, United States Army, detailed for duty in Porto Rica, discovered that the anemia with which ninety per cent. of the Porto Rican peasants were suffering and which caused fifteen per cent. of the total deaths, was due to hookworm disease, and in 1902 the disease was found to be prevalent in the southern part of the United States.

The disease has attracted widespread attention throughout the South, especially due to the investigations of Dr. Charles W. Stiles, who estimates that there are about two million cases in the states south of the Mason and Dixon Line, and that to this disease is due the backwardness and lack of economic development so prevalent in the South.

My studies and investigations,

which of necessity, have been very meager, have led me to the following tentative conclusions: First, that the hookworm disease is a reality; that it is widely distributed and more prevalent in warm climates; that no race of people is immune; that immunity is more of a sanitary and climatic consideration than any racial or hereditary predisposition; that the Negroes suffer from the disease, but they are no more susceptible than other races; per contra, if there is any difference, it is in the Negroes' favor.

I find no evidence to the effect that the Negro is a Hookworm carrier. 112 examinations of subjects from many Southern States, and some of those suspected, showing worms positive in only two, is certainly against the theory.

(Dr. M. M. Waldron, Resident Physician of Hampton Institute, Va., advises that Dr. Stiles spent a great portion of a day at Hampton Institute examining specimens from many of the students, without finding a single case.)

That the disease is spread by unsanitary practices, of which soil pollution is the most important; that it may be prevented by correct hygienic habits, wearing of shoes especially in wet weather in infected districts, being of great importance; that the disease is curable, and Thy-mol is the remedy generally accepted.

DISCUSSION

The paper was discussed by the following: Dr. Joseph J. France, of Virginia, said: "It appears that this

is a report from the Chairman of that committee. Was he assisted by any of the other members of the Commission?"

Dr. Kenney: "Dr. France is in order, but I preferred not to make the statement. I did not receive assistance from the other members of the committee; only a letter from Dr. Stoney, which has just reached me, and which I shall present in closing discussion."

Discussion continued by Dr. France: "So Dr. Stiles with whose name this disease is intimately associated gave a demonstration whereby this disease could be detected by the microscope. He gave a lecture on the subject as to the pathology and treatment. I made ten examinations, but all were negative. From the reports which have been made, it is more prevalent in the Southern States. From Dr. Kenney's report, it appears that the disease is not more prevalent among the colored. I think some steps should be taken to refute the statement made by Dr. Stiles in his report, and some action should be taken by this Society to make public a statement that the charge that Dr. Stiles makes that the Negro in the South is the source of this disease, is not accepted by this body."

Dr. W. T. Foreman, of Newport News, Va., said: "Mr. Chairman, the hookworm disease is a subject in which I am very much interested. Of course there are many different beliefs in reference to the hookworm. There were three cases reported in my town this year:

one colored and two white. The colored was a man about forty-five years of age. He came to me for treatment about three years ago. After making an examination, I treated him for chronic indigestion. After doctoring him for a long while, he left me and went to another physician. After doctoring with him for several months he went to another physician. He advised that he go to Johns Hopkins Hospital. I went to hear the lecture of Dr. Stiles on hookworm disease. This fellow came back to me and I was thoroughly convinced that he had hookworm disease. He was a man that never liked to work. I began treating him. Gave him ten to fifteen grains of quinine. Got no results. Then I used sixty grains of Thymol. Immediately after that, he passed these worms. That has been about ten months ago. He has not lost a day's work since. He is one of the most industrious men in the place."

Dr. J. W. Walker, of Asheville, N. C., said: "I enjoyed very much the report of the Commission on Hookworm and I have no doubt in my mind that this disease exists. I think it is not so much the existence of this disease which is especially interesting to us, but whether or not the Negro is the disseminator of the disease as is claimed by Dr. Stiles. But all these worms examined by Stiles were from white patients. I had the opportunity of seeing them at a sanatorium in Asheville, N. C. and had the pleasure of talking to one of the doctors, who was a member of the Commission on Pellagra and hookworm. He said that the

Commission has found the natural habitat of the hookworm in some parts of Africa and that they supposed that the disease did not have the same effect on the Negro because of his centuries of contact. It is a strange thing to me if the Negro is to be accredited with scattering this disease, why there is not more effective work done by the white people in the South when there are so many Negroes who work in their homes. And it seems strange to me if we are responsible for the spread of that disease, why we have not at least one member on that Commission."

Dr. H. P. Cobbs, of Gordonsville, Va., said: "I commend Dr. Kenney for his report. We have been searching diligently for the hookworm for the last twelve months and as yet have been unable to find it in the white or among the colored. The report of Dr. Kenney shows research and effort put forth to investigate these diseases which are claimed to be disseminated by the Negroes."

Dr. Bruington of South Carolina, said: "There is such a thing as hookworm in South Carolina and I am very sorry that I did not think of bringing some specimens that I have of hookworms, which I obtained from two different patients. I have been hunting the Hookworm for about a year and a half. I have had only one case of hookworm disease and did not know that I had that until I sent the patient to the hospital; got worms from two patients and kept the same. One was a white boy who liked to eat clay.

The other was a Negro woman. Both patients were physically, as well as mentally, affected. They are not well nourished nor normal in growth. The boy is about twenty-five years old and still in short pants. They are slow in catching on to things. If it is convenient I will bring a specimen which I have at the next meeting."

Dr. C. M. Wade, of Hot Springs, Ark., said: "I am not on the Hookworm Commission. Being from a very peculiar state I began to observe and look about me for some specimens of the disease. Now from the description which we have gotten from articles on this disease it is confined to the poor states. I live in a rich state—Arkansas. There was an individual in our city, who, for years, it was thought, was a sufferer from tuberculosis. Somehow, I was called in to treat this individual and one time I saw her biting a slate pencil. I asked her why she did that and she said that she craved pencils. I began to make some other queries concerning it and went back home and refreshed my mind by reading up on the case. I persuaded her to allow me to give her treatment and I prescribed for her. After treating her for a few days, I got a specimen of the matter which I forwarded to the Commissioner of our state, Dr. D. Smith, of Little Rock, Ark. He immediately reported back that he found considerable ova in the specimen which I sent him. Also sent him another specimen within a few days. I sent him four in all. At last I went over to see him and

he showed me various specimens mounted; showed me specimens entirely void of any of the ova. I saw this lady about two months ago and she had gained ten pounds and her vitality had been restored."

Dr. G. W. Haymen, of Little Rock, Ark., said: "We are in the minority on one disease at least. It is an established fact today that the majority of physicians think that there is such a worm as hookworm and it has been brought out here today that Thymol is the cure for the disease. I agree with Dr. France that the world ought to know from this society that the Negro is not the disseminator of this disease and that it is not prevalent among the Negroes."

Dr. William A. Holley, of Bramwell, W. Va., said: "If this body cannot get to the extent of a disease among the Negroes, I do not know what body you could get that can do it, because large numbers of our people live in certain sections of the cities, counties and wards. The white physician and scientific men seldom go there for material. The investigations hardly drift in that direction. But I would just suggest that the members of this body, between now and the next meeting of the Association, take it up themselves, individually, as a duty and investigate this disease and look for it in their general practice."

On motion by Dr. Williams, of Chicago, the discussion was closed.

COMMENTS

Dr. Kenney, in closing the discussion regretted that the report was so

incomplete, that time and opportunity for studying the conditions had been very limited. He was pleased, however, to note the interest taken in the subject and very much hoped that physicians would study conditions prevailing in their own communities in regard to the hookworm, and report to the Commission their findings, so that a more intelligent report could be rendered at the next meeting.

He then read a communication from Dr. George N. Stoney, of Augusta, Ga., who had been prevented from rendering further assistance on the Commission by reason of serious illness.

Abstract from Dr. Stoney's Letter:

"The enclosed telegram and my recent bereavement will prevent my attendance. I regret it. I had planned to go and offer you such help as I could on the hookworm, but as it is, I am sending you a letter from Dr. Brunner, a man of National reputation. The consensus of opinion from the Presidents of Boards of Health of Georgia towns is about the same as Dr. Brunner's. As our own President expresses it, 'The physicians have paid no attention to the hookworm among Negroes, and that is the reason Dr. Stiles' statements are not questioned.' No record is kept of this disease in the cities, and so few of our physicians practice in the rural districts that it is difficult to get anything tangible."

Abstract from Dr. Brunner's Letter:

Dr. Geo. N. Stoney, Augusta,

Ga., Dear Doctor: We have encouraged both the profession and the laity to report this disease, but we have found both the profession and the people very lukewarm about the matter. From practical observation this section of Georgia and that part of South Carolina nearest to this city do not show the disease to prevail among the colored people to the same extent that it does among the whites. I should say the ratio is about one to ten; that is, one colored person contracts the disease while ten whites become affected. Why this partial immunity I cannot offer explanation. I am sorry that I cannot give you records of the cases and the results, but we have had no chance to do any great amount of work along this line.

Very respectfully,

Dr. Brunner.
Savannah, Ga.

APPENDIX

Arkansas Medical Society, Little Rock,

Dear Doctor:

In reply to your recent letter asking for certain information concerning the prevalence of hookworm disease in this state, I beg to say that at present I am unable to answer your inquiries, as my work has hardly begun. If you will take the matter up with me later, say some time this summer, I hope to be able to give you some definite information.

Assuring you of my willingness to co-operate with your Committee, believe me to be,

Yours very truly,
(Signed) Morgan Smith.

Tennessee State Board of Health,
Nashville,

Dear Sir:

Replying to your letter of August 10th, I have to advise that this Department has not as yet compiled and tabulated the Vital Statistics collected under the provisions of the Act passed by the last Legislature, a copy of which is enclosed herewith.

We are forwarding by this mail, under separate cover, a copy of the Biennial Report of the Board, together with pamphlet bearing on hookworm disease.

Very respectfully,
State Board of Health,
(Signed) By J. A. Albright,
Secretary and Executive Officer.

Texas State Board of Health,
Austin,

Dear Doctor:

In reply to your recent communication, will state that no attempt has been made in this state to ascertain the prevalence of hookworm in the colored race. Nor is our Vital Statistics sufficiently accurate to be of any value to you.

Yours truly,
(Signed) W. M. Brumby,
President.

Mississippi State Board of Health,
Jackson, Miss,

Dear Sir:

I am in receipt of your favor of the 11th inst, in which you asked for reports of Vital Statistics gotten out by this Board recently.

In reply I beg to advise that the bill recently introduced before the Legislature at its past session failed

to become a law, and as yet Mississippi has no Vital Statistics.

Very truly yours,
(Signed) S. H. McLean.
Secretary.

The State Board of Health of Florida,
Sirs:

Replying to your letter of the 10th instant, a copy of the last annual report (1909) of this board is sent you under separate cover. On page 79 will be found some figures in regard to Vital Statistics, but I regret that this board cannot at present gather up nor furnish a complete Vital Statistics of the state.

I also send you some literature on hookworm disease, its treatment and management as recommended by the State Board of Health of Florida.

Your name will be placed on file, and some time later this office will forward you copy of a booklet now in the hands of the printer, which relates exclusively to this disease.

Very truly,
(Signed) Joseph Y. Porter.
State Health Officer.

North Carolina Board of Health,
Raleigh,
Dear Doctor:

Replying to your letter of August 11th, I beg leave to say that I am

sending under separate cover the pamphlet we have issued on hookworm disease, but regret to say that so far we have been unable to collect any valuable records relative to the prevalence of hookworm disease among Negroes. Investigation along this line is now being arranged for, however, and we shall probably have some information ready by the latter part of September. We have arranged to examine the children at the Negro Masonic orphanage and the students of the A. & M. College for the colored race at Greensboro.

Very truly yours,
Ass't Secretary for Hookworm Disease.

Department of Health, Richmond, Va.
Dear Doctor Kenney:

I have your letter of the 11th, in regard to statistics showing the prevalence of hookworm disease in our state. I regret to state that we have no reliable statistics along this line at the present time. So far hookworm has been found in forty-five counties of the state, and more will doubtless be added to this number when a thorough investigation is made.

Very sincerely yours,
(Signed) Ennion G. Williams,
Commissioner of Health.



Typhoid Fever

**By P. W. BURNETT, M. D., Rocky Mount, N. C.*

I think I voice the sentiment of the medical profession when I say, of all the diseases to which the human family is heir, none are so varied in their symptoms, so attendant with complications, and therefore so difficult of diagnosis as this, the subject of my paper—Typhoid Fever.

For ages, this possibly, the most common of all fevers was unknown, and it was not until about the year 1813 that it was differentiated from the other fevers with which it was classed.

In temperate climates this fever prevails especially and constitutes the most common form of continued fevers; however, no climate is exempt and whether we find it East or West, North or South, it presents the same characteristics, and its prevalence gives us an index to the sanitary condition of the section or locality in which it is found.

As its symptoms simulated typhus fever, it was especially confounded with this disease, and it was not until the great works of Louis was given to the world (1829) that the name of typhoid fever was given to it.

However, to my mind it is not so much the history of this fever that concerns us today, so you will please pardon me if I do not dwell lengthily upon it.

The three great fundamentals that

mostly concern us as a profession are: How shall we prevent it; if present, how shall we know it; knowing it, then how shall we best treat it? These are indeed great problems that present themselves to the doctor of this hour, and he who is able to successfully solve them has done no little toward preserving the health of the people and staying the mighty hand of death.

Taking them in their order, we shall first deal with—How shall we prevent it, or what prophylaxis shall we use to stop the spread of this disease when it has once begun?

This is not to the physician who is in the profession simply for what pecuniary benefit he derives from his practice, but to the true, honest, conscientious doctor who thinks not only of himself, his wife, brother John, his wife, us four and no more but his life goes out for the greatest possible good that is within his power to give to the entire people. To him alone will this phase of our subject appeal.

There is no disease perhaps where prophylaxis plays a more important role, and none where so much ignorance, carelessness and negligence is displayed as in typhoid fever. If there is smallpox in the community, the physician at once notifies the health officer, the yellow flag is nailed to the door post as a signal of

*Before the Twelfth Annual Convention, National Medical Association, Washington, D. C., August 25, 1910

danger. If there is scarlet fever or diphtheria the notice is immediately given, the sign displayed and the people warned. But how about typhoid fever?—not so.

And isn't it a fact that more people in this country are stricken and more die annually from typhoid fever than from smallpox, scarlet fever and diphtheria combined? For smallpox we have our vaccine, for diphtheria we have our antitoxin, but for typhoid fever we have no specific. 'Tis true there is a typhoid serum on the market, but as yet it is somewhat in its experimental stage and there has not been established anything absolutely positive about it. It has its pros and cons.

So then, we have only one sure, positive prophylaxis, and that is the use of such sanitary precautions that will best protect the people from its infection. For, gentlemen of this great profession, we are not only physicians, but are very largely the sanitary officers of our community. If we fail in the discharge of this function of our duty, then the blood of the people will be upon our heads.

It has been well said that "An ounce of prevention is worth a pound of cure;" and possibly in no disease is this saying more true than in this. For how shall we prevent typhoid fever? to my mind, is of more importance than how shall we cure it.

The three great sources of infection are Food, Fingers and Flies. Water is the principal article of food which spreads typhoid fever. The question of water supply in our cities

and towns is indeed a very serious one. We remember how, in a town of 8,000 inhabitants in Pennsylvania in the year 1885, 1,200 were attacked with typhoid fever as a result of drinking water from a mountain stream that had been infected from one patient who had typhoid fever. How in the city of Philadelphia just ten years ago, out of a population of 1,300,000 inhabitants, there were about three thousand cases of this fever, due to the fact that the people of that city were drinking contaminated or infected water from the Schuylkill River. Statistics show that in the Spanish-American War, 1-5 of the soldiers were attacked with typhoid fever, due not only to camp pollution, but very largely to the infected water that they drank. In the South African War, by the end of March, 1901, over 25,000 had contracted this fever with over 5,000 deaths, the majority of whom contracted it from contaminated water.

I simply cite the above, gentlemen, to show you the danger in the water supply of our country, and also to substantiate a statement that I made a few minutes ago, that more people are infected and die of typhoid fever than of smallpox, scarlet fever and diphtheria combined.

Of course we admit much has been done along sanitary lines, in the way of modern and improved filtering process that has been adopted by a great number of towns and cities, still there remains much to be done. With the full knowledge of the fact that still in many of our towns and cities, the drinking water is contam-

inated by the sewers; yet the Municipal Legislators stand with their hands folded under the pretense that they are doing the best they can. Yet the people are taxed and for what?

They forget that life and health are the greatest heritage that man can possess: more to be desired than silver and gold. If the intake of the water supply cannot be controlled or regulated, most assuredly the output should. This can and ought to be done by the modern filtering process, and this should be placed under the surveillance of a skilled bacteriologist whose duty it should be to see to it that the drinking water is free from pollution. In the country where these advantages cannot be had the people should be taught to boil their drinking water. There may be some objection to drinking boiled water as they claim it loses its life, but if they are told to shake it, it regains or takes up the air it lost in boiling.

The infection from milk is also a source of danger. This article of diet should also be placed under the immediate supervision of an experienced bacteriologist. Too often the milkman, laboring under the false impression of sterilizing his utensils, simply washes them with soap and water; and in many instances the water is already contaminated. Not only that, but in many cases, water, for mere commercial purpose is added that contains the bacilli. We do not so seriously object to the water that is added, notwithstanding the fact that

we are robbed in the deal, but we do most emphatically object to being infected with typhoid fever. Oysters that are fattened in water that is contaminated are also the source of infection. The water of all oyster beds should be examined, and if found contaminated, the gathering of them should cease, for health is more to be desired than typhoid oysters. Celery and lettuce may also be the source of infection; not only these, but any vegetable that grows close to the ground and is eaten raw. The only thing we can recommend here is thorough cleansing of these vegetables before they are served.

Aside from all these we must not forget the all-important source of infection from the patient himself. Everything that comes in contact with the patient should be disinfected. For not only does the excrementitious matter contain the germ, but we find him in his clothes and in the bed linen as well. The bacillus makes his escape from the body through the alimentary canal, through the uriniferous tract and also through the sudoriferous duct. The stools may be disinfected by allowing them to stand in a 5 per cent. solution of carbolic acid (twice its volume) for at least thirty minutes, or in a 1 per cent. solution of chloride of lime, or a one-one-thousandth solution of corrosive sublimate. All instruments should be sterilized or disinfected. The soiled linen should first be treated with a 5 per cent. solution of carbolic acid and then boiled.

The sputum and water used in bathing the patient should be disinfected, as it often contains the typhoid bacilli. The dishes used by a typhoid patient should not under any circumstances be used by the other members of the family. Too often the nurse of our patients is also the cook for all the household, carrying the germ that they have gathered on their fingers to the food, and thus infecting every other member of the family. By all means this evil should not be allowed.

Flies too, are one of the principal sources of infection, bringing to us the germs that they have gathered here and there and depositing them upon our food, and in this way causing us to actually eat the contents of our neighbor's alimentary canal. We cannot be too emphatic in warning the people of this source of infection. Instruct them to drive them out and keep them out. The use of screen doors and windows will do much to ward off this danger. The food should be covered and every other precaution taken that will keep away these carriers of the germ. If these measures of prevention or prophylaxis are carried out (the ounce of prevention) then the pound of cure will not be necessary.

But as these precautions are not always carried out hence our summons to the bedside of the unfortunate victim of typhoid fever. How are we to know that he has the disease, is the question that next confronts us.

We find it most prevalent in the

fall or autumn, but it does not strictly confine itself to any season or climate as we may find cases of typhoid fever in any month of the year, and in any climate in which man resides. Season nor climate then is sufficient within itself to give us a clue to this disease. So then we must necessarily seek other evidence.

Typhoid fever is a specific infectious disease caused by the bacillus typhosus of Eberth, which when taken into the system causes hyperplasia and ulceration of the lymphoid follicles of the intestines, swelling of the mesenteric glands and spleen. The bacillus finds its primary action in the lymphatic tissue of the small intestines, yet the fever is very largely due to its growth in the internal organs. A single bacillus in ten days according to McClagan may produce a billion others. So we find that the germ does not strictly confine itself to the lymphatic tissue of the intestines, but is distributed in the lungs, liver, spleen, kidneys, heart, brain, bones and throughout the entire circulatory system. No wonder then the various symptoms so often met with in typhoid fever. The bacillus when taken into the alimentary canal causes a catarrhal condition to exist throughout the small and large intestines, which give rise to the thin pea-soup stools so often seen in our typhoid patients. Associated with or following the catarrh there is a disquamation of the epithelial cells of the intestinal wall, also when hyperplasia has reached its height, causing a choking out of the capillary blood supply of these glands,

there must necessarily follow necrosis and sloughing. This necrosis may be superficial, affecting only the mucous coat, or it may be deep, affecting the submucous coat, or it may go even deeper still, affecting or passing completely through the muscle tissue to the peritoneum. During the process of this necrosis and sluffing, the tiny ends of the capillary are left exposed and this gives rise to the hemorrhage that we sometimes see in our patient.

The spleen having a peculiar predilection for the germ is almost invariably enlarged in the early stages of the disease. The kidneys may also be so affected as to present symptoms of acute nephritis. If the bacillus accumulates in large numbers in the liver, then we find a hyperaemic swollen organ accompanied with paranchymatous degeneration. There may also be ulceration of the larynx, oedema of the glottis and should the lungs receive the brunt of the germ then we have all the symptoms of a typical lobar pneumonia. Sometimes through the circulatory system, this germ finds its way to the heart and there may produce endocarditis, myocarditis, or pericarditis. Diseased particles of the valves of the heart may sluff off and float into the circulation, producing arterial or venous thrombosis and thereby cause paralysis or gangrene of the part.

In a disease so varied in the manifestations, so complex in its symptoms, attendant with so many complications, at times simulating almost all varieties of diseases known to the

profession, no wonder it is so difficult of diagnosis, no wonder at times it baffles the world's very best scientists. It begins with a feeling of lassitude and indisposition to work, headache, loss of appetite, diarrhoea or constipation. This condition known as the period of incubation, lasts from five to fifteen or even to twenty days after which the patient takes his bed. During the first week there is in some cases a steady rise in the fever, with the evening temperature one or two degrees higher than the morning.

In this stage we may also find the dicrotic pulse. The tongue is coated, except the margin which is usually red. The pulse is rapid, the spleen is enlarged and there is an appearance of rose colored eruption usually seen first on the abdomen, but may be seen on the thighs, back, or even sometimes on the arm. In the second week the fever remains high, but we do not find the marked morning remissions that were noticeable in the first week. The pulse is rapid and has usually lost its dicrotism. The patient is dull and may be delirious. The lips are dry and in severe cases the tongue becomes dry and may be covered with a brownish coat that is fissured. Diarrhoea, abdominal tenderness and tympanites may be present.

The third week still finds the pulse weak and rapid. The morning remissions are marked. Diarrhoea and meteorism may occur for the first time. There may be muscular tremor and delirium, which should be looked upon as grave symptoms. In

the fourth week convalescence usually begins. The temperature may reach the normal, the tongue cleans and the appetite returns. However, all these changes are variable and inconstant. The disease may set in with pronounced nervous symptoms, such as neuralgia, cerebro-spinal trouble, delirium and so forth. In this form the patient may keep up about and continue to work, but in the ambulatory form the patient may be taken down with hemorrhage or perforation, indicated by great prostration and a sudden fall in temperature.

Such complications as parotitis, meteorism, abdominal pain and tenderness (at times simulating appendicitis), jaundice, necrosis of the bones, cholecystitis, bronchitis, cerebro-spinal meningitis, convulsions, neuritis, pleurisy, orchitis and conjunctivitis may co-exist with typhoid fever and if the greatest care is not taken, will lead to incorrect diagnosis.

The rose colored eruption is possibly the most important single sign. That, together with the characteristic fever and enlarged spleen, forms what is known as the diagnostic triad, and are the clinical symptoms upon which we can reasonably clinch our diagnosis. Granting that, we have even this diagnostic triad present, then we have not a sufficient evidence to warrant us beyond a reasonable doubt that we have found it.

We must still march on to higher grounds, not satisfying ourselves until we have resorted to such proofs

as Elrich's Diazo reaction or Widal's agglutination test will reveal. Now, since we have found it, the next question that confronts us is: How shall we treat it?

The idea has been prevalent that as the lesion was in the intestines and was produced by the bacteria, therefore a destruction of these bacteria was all that was necessary. For this purpose a number of intestinal antiseptics were used, such as Salo-Bismuth-Beta-Naphtkol, Salicylic Acid, Bichloride of Mercury, Thymol & C. The number of drugs recommended show that their effect in typhoid fever is only problematical. But granted that all the bacteria in the intestines could be killed by drugs, the disease would still run its course because of the blood infection. The intestinal method of antiseptics then is based upon an erroneous idea, and if we are looking for the best results we must not stop short at this treatment alone.

Fever is a normal reaction of the human system to some reagent, but this reaction if possible must be kept in bound. We know nothing that will do more towards this end than hydrotherapy. But the object of hydrotherapy is not alone to reduce temperature, although the degree of temperature indicates its use. Hydrotherapy when properly used does more than this, it acts upon the nerve centers, increases respiratory interchange, increases elimination and therefore acts as a general stimulant. There are several methods of hydrotherapy in vogue, such as the cold plunge, the cold bath, the

cold sponge, the warm bath, the warm pack and warm sponge. The indications of each and all of which are to be governed by the heights of the fever and the condition of the patient. However, it suffices here to say that the cold plunge should not be given in cardiac complications, in peritonitis, in intestinal hemorrhage and in very old nor very young people.

We would like to say here, never use the cold tar antipyretics, as we all know too well that by the use of these drugs is often followed depressions and sometimes serious collapse. But I suppose all of you, at least the greater portion of you have had these experiences where the people were prejudiced to the baths, that it would make no difference how strong the charge might be to give them, in your absence they (the nurses) would fail to carry out your instruction. There, and in such conditions, my advice is, of the two evils, select the lesser one. If the high fever continues and the nervous symptoms are not abated, death is the inevitable. So in cases of that kind we are compelled to resort to the antipyretics and hope for the best. But under all circumstances we should not use them unless absolutely compelled to, under such conditions as have been named. But remember that our standard for the fever is plenty of water externally internally. The patient's clothes and bed linen should be changed daily. He should be given the best room in the house where there is free access to air and sunshine.

In the beginning of the first week calomel may be given, but after that it is safer to use glycerine suppositories or gentle enema as too much peristalsis in the small intestines is risky. Diarrhoea is best checked by large doses of Dover's powders, or starch and opium enemas. For tympanites use turpentine stupes. For intestinal hemorrhage the foot of the bed should be elevated and lead acetate and opium given. Perforation calls for Laparotomy. If there is insomnia, give small doses of morphia, sulphonal or trional. Beginning with a second week of a well developed case, the weakness of the patient should be well guarded, and if needed strychnine should be given. In the treatment, careful nursing and a well regulated diet are of more importance than drugs. It should be laid down as a rule that a typhoid patient should never be left alone for a minute.

Many a patient has jumped out of bed or killed himself just because of a violation of this rule. He should be kept in bed from the onset until all symptoms of fever have been gone for several days. The mouth and teeth should be kept clean by washing several times a day with some mild antiseptic wash. The back, buttock and coccygeal region should be washed daily in equal parts of alcohol, boric acid and water to prevent bed sores.

The question of food is of paramount importance. He should have food that is easily digested and that will leave behind the least possible residue. It must have sufficient cal-

oric value so that compensation can be made for loss of weight incident upon fever metabolism. Some have a prejudice to milk, but in my experience, I find milk when the patient can digest it, the best single diet in the whole category. It is best given diluted with lime water. However, if the patient cannot digest it, why then, that is the best evidence that it should not be given. Beef juice and soups that have been carefully strained may be successfully used. These are all enhanced and made more palatable by the addition of fruit juices. During convalescence our patients should be watched with the keenest observation, for in this state through carelessness of diet, or allowing them to get up too early often results in relapse or death. They should not be allowed to eat any solid food for eight or ten days after all disappearance of fever, then the patients may be looked upon as probationers, ready for further advancement.

DISCUSSION

I congratulate the gentleman upon his excellent paper. I have never found it so very difficult, as the gentlemen has said, to make a diagnosis of typhoid fever. He did not say much in regard to the use of the ice bath. It is considered one of the most valuable treatments in the treatment of typhoid fever. The Sulpho-carbolates of Soda or Zinc are the very best antiseptics for the intestines. The clean-up, clean-out and keep-clean idea in any disease is the best treatment that can be used. I also believe that most all infectious diseases have been considerably lessened by the use of antiseptics injected into the bowels. It would be impossible to keep the temperature within easy control if it were not for the sponge bath. In my experience the sponge bath is infinitely better than any other, as, I have never found it injurious to the heart, but on the contrary, it improves the condition of the heart.

The Drinking Cup Danger

One of the most successful National campaigns now in progress is directed against the public drinking cup, which has long been suspected of spreading the germs of some of the most loathsome and fatal diseases. The public drinking cup has been abolished in every railroad train and station and schoolhouse in Wisconsin, Michigan, Kansas, Mississippi, Oklahoma, Massachusetts and Iowa. No more public drinking cups are allowed in the schools of California, and twenty or more individual

cities in various states have abolished the cup. Sixteen railroad companies now provide automatic cup vendors. For one cent one can purchase a clean paraffine drinking cup. The campaign has made some progress in Texas, but not very much. It is a matter which deserves more attention than it receives. Every person should be provided with a pocket drinking cup, and the little bubbling fountains are easily provided on the school grounds so that no cups are needed.—San Antonio Express.

Report of Committee on Medical Education on Colored Hospitals

With the advances made in recent years in the medical science, the hospital, as an institution, has come increasingly to occupy an integral position, not only in the medical profession, but also in the community at large. The effects of these advances may be observed in the widening of the boundary of diseases amenable to successful treatment; in the reduction of the sum of human suffering from disease; in the increase in the expectation of life. In all these salutary changes the hospital has played an essential part; and it requires no great vaticinal powers to predict that it is destined to continue to be an important factor in all the future conquests of scientific medicine in the domain of disease.

It was inevitable, therefore, that, with the advent of the Negro in the medical profession; there should have also arisen a need for Negro hospitals; for, in order to keep abreast with the times, in order to enable his patients to enjoy the advantages of modern methods of treatment, the Negro practitioner must command the same opportunities for the scientific study and treatment of disease under the favorable environments of a hospital ward as are enjoyed by other practitioners. These are, however, denied him in almost all the institutions of this kind in the land. The necessity of founding a hospital of his own in which to care for the sick under his charge; in which to develop

his talent as a surgeon, a clinician, an obstetrician, or a pathologist; or in which his confrere of the same race might find opportunities for like development, was thus thrust upon the colored physician.

It is gratifying to note that some of the more ambitious and enterprising of our numbers accepted this responsibility; and fifteen or more hospitals, operated by Negro surgeons and physicians in different parts of the country attest the result of their efforts. The Negro hospital then, is the outgrowth of the exigencies of of the Negro practitioner's environment. How well or how ill these institutions have fulfilled or are fulfilling the ends for which they were created, is the purpose of this report briefly to present.

It should be stated at the outset that this report is incomplete. Of the seventeen hospitals under Negro management, only eight have been visited at one time or another by members of this committee. An effort to obtain information concerning the remaining number by correspondence met with comparative failure, a majority of those to whom letters were addressed failed to reply.

The following are the names of the institutions grouped under the head of Colored Hospitals supplied by the General Secretary.

Lincoln Hospital, Durham, N. C.
Cottage Home Infirmary, Decatur, Ala.

Central Tennessee Hospital, Memphis, Tenn.

Provident Hospital, Chicago, Ill.

Frederick Douglass Memorial Hospital, Philadelphia, Pa.

Red Cross Infirmary, Louisville, Ky.

Hale's Infirmary, Montgomery, Ala.

Lamar Hospital, Augusta, Ga.

Mercy Hospital, Nashville, Tenn.

Burwell Infirmary, Selma, Ala.

Plymouth Hospital, Boston, Mass.

Freedmen's Hospital, Washington, D. C.

Tuskegee Institute Hospital, Tuskegee, Ala.

Bluitt Sanitarium, Dallas, Texas.

Charleston Hospital, Charleston, S. C.

The Freedmen's Hospital occupies a unique position, and it is doubtful whether it can be properly classified among colored hospitals in the sense above defined. Of its commanding importance and value to the Negro branch of the profession, the words of Dr. Abraham Flexner, author of the report on "Medical Education in the United States and Canada," recently issued by The Carnegie Foundation for the Advancement of Teaching, may well be quoted as setting this forth in terse and telling language. He says, "The Freedmen's Hospital is an asset, the like of which is in this country extremely rare."

The Frederick Douglass Memorial Hospital, the dedicatory exercises in connection with the opening to the public of the new building of which were recently held in Philadelphia, is without question a monument to the untiring energy and administrative ability no less to the eminent professional attainments of its founder and director, Dr. N. F. Mossell. The structure is built upon

the most approved plans of modern hospital construction, and provides for every requirement of hospital management. It is complete in equipment; has 500 beds, enjoys a liberal aid from the state legislature of Pennsylvania. It cost \$100,000.

Lincoln Hospital of Durham, N. C., is the gift of the Duke family—a white family of that city and state and noted as tobacco manufacturers. It was built at a cost of \$10,000. Improvements, amounting to \$5,000, have been recently added. It has an endowment of \$5,000; and the city of Durham subventions it to the amount of \$1,800 per year. It has 38 beds; and maintains maternity and surgical departments.

Tuskegee Institute Hospital is a department of the great institution of that name. The building—a frame structure two stories high—has a capacity for 45 beds; is heated by steam, lighted by electricity, and is well supplied with hospital equipments and accessories.

The Cottage Home Infirmary of Decatur, Ala., is the creation of Dr. Willis E. Sterrs, who is at present "the Superintendent, Physician, and Surgeon-in-Chief." The institution is located in a two-story building, with eighteen rooms, which are used as wards. It is lighted by electricity, well heated and ventilated. Medical, surgical and maternity departments are maintained.

In a number of these institutions the hospital staff is composed of physicians of both races. Dr. N. F. Mossell of the Frederick Douglass Memorial Hospital announces in his

report that "leading white and colored physicians are on the staff of the hospital both as active and consulting members." Of the Lincoln Hospital Dr. C. H. Shepard, Durham, N. C., says, "The hospital is controlled by the Negro physicians entirely, though the white physicians enjoy equal privileges." Of 39 abdominal operations performed in that institution, thirty-three were performed by him and six by white physicians. At the Freedmen's Hospital Drs. W. A. Warfield, A. M. Curtis, William C. McNeill and S. L. Carson are on the staff as operating surgeons; the rest are white.

On the other hand Dr. John A. Kenney announces that nearly all the seventy-one operations performed at the Tuskegee Institute Hospital from September 1, 1908 to April 1, 1909 were performed by the "Hospital force, unassisted by any outside help," the "Hospital force" consisting of himself, an interne, a head nurse, a registered pharmacist, and a matron. From the Cottage Home Infirmary Dr. Willis E. Sterrs writes, "All the operations are performed by myself, but all the faculty and most of the staff are white physicians of this locality." At the Red Cross Sanitarium in Louisville, Ky., among the operators are such well-known names as Dr. Dan H. Williams of Chicago, and Dr. J. E. Hunter of Lexington. On the staff of Hale's Infirmary at Montgomery, Ala., are Drs. D. H. C. Scott, A. C. Dungee, H. Wilson, S. S. H. Washington, Wm. Washington, Frank Caffey, and Northcross, all Negro surgeons,

together with nine white operators.

The ratio of cures in the colored hospitals is about the same as that of other hospitals. Take for an example, appendicitis. Sixteen operations of appendectomy were performed at the Tuskegee Institute Hospital from October 1, 1906, to October 1, 1907. Of this number there were fourteen cures, and two deaths: eighty-seven per cent. of cures. At the Frederick Douglass Memorial Hospital, during the year November 1, 1908 to November 1, 1909, there were seven cases of appendicitis: of these five were cured, and two improved: seventy-one per cent. of cures. During October 1, 1908 to October, 1909, fifteen cases of appendicitis—acute catarrhal appendicitis—were treated at the Lincoln Hospital and Home in New York. Of this number thirteen were cured, one improved, and one died: eighty-six per cent. of cures.

Thirty-six cases of lobar pneumonia were treated at the Frederick Douglass Memorial Hospital during the period under consideration. Of these twenty-nine recovered, one improved, and six died: eighty-two per cent. of cures. At the Lincoln Hospital and Home, during the same period, there were fifty-six cases, of which twenty-six recovered, two improved, three unimproved and twenty-five died: forty-six per cent. of cures.

Of eighteen cases of catarrhal salpingitis treated at the Lincoln Hospital and Home, eight were cured, seven improved, two unimproved, and one died: forty-four per cent. of

cures. Of nineteen cases of the same affection treated at the Frederick Douglass Memorial Hospital seventeen were declared cured, one unimproved and one remaining at the time of preparing the report: eighty-nine per cent. of cures.

It will be seen that, according to the published reports of these various institutions, practically the same results are obtained in the colored hospitals as are in the white.

The following extract from the report of the Lincoln Hospital, Durham, N. C., is of interest: The total number of deaths in that institution for the year beginning June 15, 1909 to June 15, 1910 was sixteen. Three of these occurred after abdominal operation "by white surgeons" according to the report. The summary of cures by the two sets of operators is as follows: cures by colored surgeons, ninety-five per cent.; by white surgeons, sixty per cent. The report concludes, "of operative cases performed by colored surgeons cures were effected in all cases save one, which resulted in permanent fistula after operation for intussusception."

At Hale's infirmary apparently similar conditions obtain. Of thirty operations performed by the colored surgeons above referred to only three died, giving eighty-four per cent. of cures: of fifty-eight cases operated on by white surgeons nine died, giving eighty-four per cent. of cures.

The conclusion to be drawn from these figures is that equally good results are achieved in the hospitals

under colored management as are in hospitals under white management; that, even in the poorly equipped institutions in which the hospital force as was announced in one case, consists of the operating surgeon, an interne, a head nurse, a registered pharmacist, and a matron, abdominal sections and other major operations are undertaken and performed; that, notwithstanding the handicap of poor equipment, and the further fact that a number of these operators have had little or no special training in surgical practice and but little hospital experience, a surprisingly large percentage of cures is reported from these institutions—a percentage of cures which compares favorably with that reported from such large and well-appointed hospitals as the Freedmen's at Washington, the Frederick Douglass Memorial at Philadelphia, and the Lincoln Hospital and Home at New York with all their corps of trained surgeons and assistants.

In addition to the schooling and trained experience gained in the strictly colored hospitals, we have reports from a few white hospitals, which allow Negro physicians to operate and practice in their wards, and these reports show that very remarkable results have been accomplished by Negro physicians. In three of the best white hospitals their work has been quite above the average. In surgery their operative work has covered quite a wide range and no better results could be expected from the masters or the best.

The small number of colored hos-

pitals in this great country of ours certainly seem to indicate that the Negro doctors do not properly estimate the value of the hospital at its true worth in their practice. It is indeed a rich mine, both in wisdom and wealth, that has hardly been touched by our forces. We therefore urge upon the colored physician, everywhere he can possibly do so, to establish hospitals and maintain them and keep them at the highest possible point of efficiency. In doing so they not only widen their fields of usefulness but they will open up the schools where the best possible experimental knowledge may be gotten.

Respectfully submitted,

H. F. Gamble, Chairman,

Jos. J. France,

J. C. Anderson.

DISCUSSION

The paper on Medical Education was discussed by the following: Dr. M. B. Jones, of Richmond, Va., said:

"It seems strange to me that we are so soon forgotten, where this institution received its first impetus. Virginia has a number of hospitals, and when this body met in Richmond, nearly every surgeon in this Association operated in Richmond Hospital. We have not received a letter from any commissioner either on pellagra or any other subject. I suppose they have forgotten that we have several doctors in Richmond. We feel very proud of our little hospital in Richmond. We had connected with our hospital there a lady, who was head nurse for

six years, and who did such good work that Freedmen's Hospital wrote for her to come here and take a position in your hospital. We have connected with our hospital, a western surgeon. We have two hospitals and we are doing good work among our people. The world knows about Richmond and I am sorry that the commissioners of this body have not heard of Richmond. If you want to find a progressive people, come to Richmond. I beg of the members of the Commission to write to Richmond and we will tell you all that we are doing in the interest of the Negro."

Dr. J. H. Burney, Athens, Ga., said: "I desire to talk along the same line which Dr. Jones talked. I notice that the commissioners have information from only one hospital in Georgia. We have a sanitarium in Augusta which is doing very effective work. In Savannah we have a hospital which is supported by contributions from churches and from the city. We have a Nurse Training school and find it quite a lucrative business; and every hospital in Savannah has a Nurse Training Department. It was thought once that colored nurses be displaced, but I would advise that in every city they have co-operated with us."

Dr. Willis Sterrs, of Decatur, Ala., said: "I was busy in the Executive Committee meeting when the Committee on Education made its report, and I did not get to hear what they had to say. I am very much interested in that work. I wish to say, however, that it is very difficult

to operate Negro hospitals and Negro infirmaries way down South. In the first place, most of the people, white and black, have not been educated up to hospital work. In Decatur, Ala., at least for a radius of 90 miles north, 98 miles south, 100 miles east and 100 miles west you do not reach any Negro hospitals. The white hospitals in that section are not within a radius of 50 miles. We have succeeded in organizing a hospital within about 18 miles and we are doing good work. There is also a Cottage Home Infirmary at Decatur which is doing good work. The Negro doctor has a peculiar relation to his people and more so than our white brother to his people. They are more dependent upon us to lead them along hygienic lines than the other race; and in order to do this, this institution is publishing the "Guardian," which is a paper devoted to general health news and the prevention of malaria."

Dr. William C. McNeill, of Washington, D. C., said: "I was somewhat disappointed in the report of the committee. It seems to me that it has lost an opportunity of getting itself before the world and the American Medical Association and awaken the different medical colleges throughout the country. The question of whether or not we have too many physicians is now up before the reading public. It seems to me that we could do a great deal of good if the committee had taken that question under consideration. Then there is another question, that of improving the medical schools by

making some recommendations as to the future curriculum of said schools. I trust that this committee will continue its work until the next meeting of the N. M. A., and make a fuller report along these lines. I would like to add a word about Freedmen's Hospital. While it may not be regarded strictly as a colored hospital, yet it is a monument to the activity of colored men. In addition to that you will find that the present Surgeon-in-Chief, Dr. Warfield, is quite the equal of any surgeon of other hospitals. He has performed 500 abdominal operations without any mortality at all. In our experience here we come in contact with the very best white surgeons, such as Dr. Balloch, and we find some of our physicians measuring up very well with them and their patients get well. I do not believe that the hospitals should be considered as laboratories for practitioners."

Dr. G. W. Hayman, of Little Rock, Ark., said: "That report of the Commission on Education was certainly a fine historical production. It gave us a great deal of information, but I do not think that the Committee on Education went far enough. There ought to be encouraged in that report recommendations on hospitals. It was reported that a number of physicians came to Arkansas during this present year and have failed to pass the examinations. I do not believe that there is any prejudice in Arkansas and I certainly hoped that the commission would have made some recommendations along educational lines in or-

der that the presidents of the medical colleges might be advised along this line and send out better men into the world."

Dr. A. A. Tennant, of Richmond, Va., said: "Dr. Jones is Surgeon-in-Chief of the Richmond Hospital. We have performed about fifty abdominal operations. Of course Dr. Jones was a little modest in stating these facts. We have two hospitals valued at about \$30,000 and \$10,000. There are 38,000 colored people in Richmond to draw from. Some of the white physicians send their patients to our hospital, which is a rare thing in a Southern city."

Dr. J. Q. McDougald, of Philadelphia, Pa., said: "The report recommends more hospitals. That is a serious question in our section of the country. The hospitals are about to make the doctors beggars. What shall we do with free hospitals and free dispensaries? If the committee recommends more hospitals, there ought to be some means of distinguishing between those patients who deserve free treatment and those who do not. Possibly this question has not affected some of the gentlemen in others places, but in Philadelphia your best patient comes up and asks for your services at the hospital, free of charge. Since the new hospital has been established there, every physician has felt that his collections have fallen off one-third. If the committee is going to bend its efforts towards hospitals, it should devise some plan as to how the hospitals should treat patients of means to distinguish them from the poor people."

Dr. Joseph J. France, of Virginia, said: "I wish to speak about three minutes with reference to leaving out some of the hospitals. The Secretary is wholly responsible and he will explain it. In preparing that report we were guided by the list he prepared. He was in a position to know about all the hospitals in the country. I don't think that there was any intention to slight any of the hospitals. I have learned a good deal about other hospitals which were not included in this report, and if, hereafter, all heads of institutions will report their hospitals to the General Secretary, we will see to it that in the future, the committee will make a full report. With reference to the remarks of this gentleman (Dr. McNeill, of Washington, D. C.), there was no intention to reflect upon the merits of the Freedmen's Hospital. We were only discussing those entirely controlled by colored people."

Dr. J. A. Kenney, of Tuskegee Institute, Ala., said: "The General Secretary has a good deal to bear. I do not claim to have correct data of all the hospitals; but the Assistant Secretary and I are striving hard to collect such information. The doctors could aid the work by giving us such names as we have not. There was no intention on our part to overlook the Richmond Hospital."

Dr. H. F. Gamble of Charleston, W. Va., said: "In regard to the discussion of the Medical Educational report with reference to the strictures by Dr. McNeill, I wish to say that I inspected the Commissioners' report, and all questions referring to Medical Education were gone over thoroughly. Our report was to deal with the most essential matter of the education of the Negro physician—the surgical part of his work in connection with hospitals; therefore we made a special report on

Hospitals. We were somewhat handicapped because we could not get the data from all of the hospitals. As to the strictures by Dr. McDougald, I would say that the Board of Directors in each institution ought to settle the question of who should have free treatment and who should not, and whether or not the salary shall \$1,000 or more. The reason why we should recommend more hospitals is based on the ground that in every community where there are white physicians they are trained in thorough investigation along all lines of new endeavor by having the advantage of hospital training; and in a community where there is a large number of Negroes, unless the Negro physician has had this training, we must admit that the white man has had better training than we have. In every community where possible, a hospital should be erected. This was the recommendation of the Committee. But we cannot do this work out of our own pockets. We have furnished, stamps and stationery out of our own pockets. Take this institution (Howard University)—and what do you find? This is the criticism made against Howard—there was a special committee appointed from this committee to investigate the status of this University as it has become very much of a family affair. There are quite a number of professors in this University who are connected in some way. If you marry in the family, you are going to have a dwarfed race. The institution must necessarily be dwarfed. I was talking with one of the directors of the institution and he said that this condition has been discovered and that they were going to fight for all they are worth. We recommend that Howard University take the stand that she ought to take and that her men ought to show up better. She ought to send out compe-

tent men with all of these facilities and she ought to admit men into this institution who are absolutely prepared to study medicine and this ought to be published to the world."

Dr. W. C. McNeill, of Washington, D. C., said; "Mr. Chairman, I rise to a question of personal privilege. I remember Dr. Gamble's report last year. I discussed a part of his report and was heartily in accord with a good many things which he said. He has misunderstood me when he says that I made some reflection on their report. I made mention of the fact that hospitals are not considered laboratories for practitioners. Whenever you discuss Howard University, please make a distinction of the Medical Department, as it is only recently that we have been helped by the General Government. I agree with you that whatever we do should be felt by the world and we are willing to stand for it. We have raised the standard for medical education. No man can enter the Medical Department unless he can satisfy us that he has had thorough training in all subjects preparatory to entering the medical school. If he cannot do that, we do not admit him. We admit our faults and we have gone to work to remedy them."

Dr. J. H. Goodwin, of Weston, S. C., said: "We have an example on the condition already spoken of in regard to some of the physicians of Howard University in South Carolina. They need some thorough training. They told the Board that their papers had not been marked correctly and that they were certain they had passed. The papers were gone over again but it was found out that they had not passed. So they had to go back home and sit down."

Preparedness in Practice

The small things in life count the most. It is the small things that the world neglects. Doctors are no different from other classes in this respect. They constantly think of the big affairs and overlook or despise the small. This is true not only of the embryo physician, fresh from his college, but applies equally well to many seasoned practitioners. The fledgeling in medicine naturally thinks his first case will be an abdominal section and he frets himself sick until he has a fully-equipped laparotomy outfit, shining and sharp, ready for business. He also thinks that his first confinement case will surely call for the use of a cranioclast and forgets to put in a hand brush and a bottle of vaseline in his grip because of his frenzy to find place for the larger and more impressive implements of torture that he thinks are vital and necessary in his every-day practice. A few years of experience soon convinces him of the error of his ways. Young men and old men of medicine, remember that a good working hypodermic syringe, a pair of artery forceps, a thermometer, a stethoscope, a nasal speculum and a catheter will stand you in good stead and will prove more valuable than all the highly polished abdominal instruments that you see displayed so prominently in the instrument-maker's shop. There is some excuse for the young inexperienced practitioner not knowing this, but there is no excuse for his older brother in the profession.

Many a practitioner finds himself greatly embarrassed with a hypodermic syringe dried out or the needle stopped up when he is called to a case that calls for quick heart stimulation or one that needs a hypodermatic administration of morphine to relieve a pain. What is more common

than cases calling for the quick emptying of the stomach by the hypodermatic administration of apomorphine? How many physicians carry that potent and useful drug in their emergency outfits? How many carry pearls of amyl nitrite? How many carry what might be called a real "first aid" assortment, bandages, cotton, gauze, scissors, scalpel, hemostats, grooved director, catheter, paracentesis instruments?

It would be interesting in this connection to suddenly call out a number of medical men for inspection, as is done in some armies, to see who is equipped for action. Every practitioner should remember that he knows not when he may be called on and how suddenly, too, to treat some of the conditions that require these simple yet useful allies.

He should always have his equipment in working order and should repair or replace worn-out material. He should never go out without a good working hypodermic syringe. His medicine case should also always include a few drugs that are useful in emergencies, opium, paregoric, aromatic spirits of ammonia, apomorphine, cocaine, chloroform and ether, an ethyl chloride spray, strychnine. One of the most useful little things that a physician can have in his grip is a rectal tube for giving high rectal enemata. This should always be with him on his travels. This warning may appear acacemic to some, but it is badly needed by the majority. It is the nature of the medical practitioner to be remiss in the little things and it won't hurt him a bit to be jogged up about what is good for his patients and for his business. Laymen are, quick to appreciate the doctor who is ready at all times to relieve them, and they are equally quick to condemn the man who is palpably not ready in emergency. A practice may be made or lost by such remissness. The successful man is the vigilant and prepared man. The unsuccessful man is always unprepared and poorly equipped with a working armamentarium of instruments and drugs. A word to the wise is sufficient.—Medical Brief.

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents and one dollar. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

Medical Societies and Medical Journals

"Every man, whatever his vocation in life may be, evidently displays in some measure a distinctive individuality; that is, he differs from all others in his manner or method of doing things of like character. These differences are, perhaps, as sharply defined and stand out as clearly in the medical profession as in any other profession or calling. Whether these individual characteristics have been brought about by natural causes, varied opportunities,

different educational facilities or different environments, it matters not; it behooves us as members of a worthy profession to mingle with each other and try to profit by a social interchange of ideas."

"Iron sharpeneth iron; so a man sharpeneth the countenance of his friend" for "a word fitly spoken is like apples of gold in pictures of silver," all of which goes to show a man's angularities of character are rounded into curves of culture by contact with his fellowman. Intense personal struggle tends to produce excessive individuality, a kind

of egotism rampant that makes disagreements easy and co-operation difficult. Some occupations favor the growth of this unfortunate phase of human frailty. Occupations in which the personality of the individual is inseparably connected with his work are of this class. To illustrate: Sam Smith is an expert blacksmith. I pass by his shop today and find him reeling drunk. Tomorrow my horse throws a shoe while in Smith's neighborhood. I find him sober and at work. The fact that he was drunk yesterday does not deter me from employing him today to shoe my horse. I want the blacksmith and care nothing about the man. This is not true of a doctor, you can't separate the man from his job. It is a matter of common observation that it is a great deal easier for blacksmiths to be partners in business than it is for doctors.

To counteract this disintegrating tendency all the virtues are invoked, "All men as brothers were better than gold," but even brothers seldom agree as doctors.

Medical societies and medical journalism are the antidotes which modern science has invented for this insidious poison, they are a sure preventative of mental atrophy and an unfailing cure for many apparently incurable professional ills.

All of this is true of the medical profession as a whole, but particularly so of the colored medical profession. So fierce has been the struggle to rise that few of us ever have the time or inclination to look

around for struggling brethren. As a result few of us give any time to the profession itself. Concentrated in ourselves we ignore the means by which we rise and neglect the profession of which we are members. The medical profession has done much for the individual colored doctor. It is now time for the individual doctor to do something for the profession. The Journal offers this opportunity. Read the editor's report in this number and decide on your course for the future.

The passing of Florence Nightingale since our last issue marks an event of world-wide interest. It is given to few people to do as much good to mankind and impress their personality upon their generation as did this good and great woman, the founder of the profession of nursing. At the advanced age of ninety she went to her reward with the benediction of the entire civilized world.

A Puzzling Question—According to the statistics of the revenue department the consumption of alcoholic liquors seems to be on the increase, notwithstanding the spread of prohibitory laws. The American belief in the efficacy of legislation to cure every ill may be destined to receive another shock. Moral suasion and education will do more to control personal appetites and habits than political agitation and hysterical declamation.

An editorial writer in the International Journal of Surgery claims

that a surgeon can render his hands aseptic by a few minutes careful bathing in absolute alcohol without any preliminary scrubbing with soap and water.

The Carnegie Foundation Report on Medical Education continues a source of much comment both favorable and adverse.

A socio-economic move of great and far-reaching importance is the effort now being made by the moral and religious forces in Rhode Island to "boldly attack the neglected ethics of sex." There is no more difficult problem in civilization than the proper adjustment and regulation of the sexual relation.

The X-ray is not free from danger. Sterility and skin cancer are among the penalties nature has in store for those who carelessly handle this dangerous weapon from her armory.

How greed for gold will increase "man's inhumanity to man" was never better illustrated than in the match industry. The phosphorus that is detrimental to the workman's health is five per cent. cheaper than a form of that element which is innocuous to workmen. It is a lamentable illustration of human greed that law is necessary to prevent manufacturers from using the cheaper though deadly phosphorus.

Reports from Europe seem to indicate that a new remedy for syphilis, much more powerful and certain than mercury, has been found by

Eberlich and Hata. It is a compound of arsenic with a chemical name long enough to kill any ordinary specific germ. Let us hope that the tuberculin craze will not be repeated.

The Iconoclast is ever busy. Now comes he to declare dentistry shortens life. (New York Independent, p. 302, Aug. 11, '10.

J. C. Boyles, M. E., Ph. D., says that "There is a growing conviction among thoughtful students of the apparent paradoxes of vital statistics that what hygiene, medicine, and surgery together have accomplished to increase normal longevity is effectually neutralized by the expedients of modern dentistry."

This grows out of the eating of diet unsuited to the age because of false notions of rejuvenation caused by artificial teeth.

"The will power of old age often assumes the vacillating character of youth, and if food is particularly inviting, the aged may give way to over-indulgence, and even to gluttony."

The author, after admitting up to a certain point "That dentistry and dental surgery are of great benefit to the human race may be conceded without discussion. It is not the possession, but the abuse, of teeth, natural or false, which menaces health and life;" concludes as follows:—

"In this fatuous trifling with chronology lies the danger of false teeth, especially in the case of those who have so far advanced in senile decay

that they have no other use for a double equipment of teeth, than to deceive others, and still worse, deceive themselves. It is not the fault of the dentist that artificial teeth are abused, unless a dereliction of duty on his part is found in his failure to warn his patients, that after sixty, teeth are chiefly used as ornaments, and will so remain until surgery has found a way to substitute new artificial viscera for organs worn out or incapacitated."

The N. M. A.---A Review and Forecast

The twelfth annual session of the National Medical Association has now passed into history; in some respects at least, the most successful meeting in the history of the organization, just as it was predicted it would be. The best attendance ever recorded was present. The program was good, some features very gratifying indeed. However, some of the papers were very disappointing. Some of the authors had chosen rather hackneyed, or common-place titles, and some of the subjects were treated in rather a school-boyish style; yet, as above mentioned, some features of the program marked a distinct advance in the proceedings of the N. M. A.

For instance, a happy thought it was on the part of the Chairman of the Executive Board when he suggested, and the Board consented to the appointment of Commissions to study certain diseases and conditions to which the Negro is more or less

subject, as tuberculosis, hookworm and pellagra. These reports, while admittedly, both by the authors and by the Association very incomplete, at the same time distinguish the organization for its effort at original investigation and thinking along practical and helpful lines.

We were sorry that the Commission on Tuberculosis failed to even make a partial report, because quite naturally the greatest interest centers in that subject; due to the depredation that this disease is making upon the Negro race, and also the attitude of a great part of the scientific and lay world toward the Negro in regard to this disease. However, since the joy of anticipation is frequently greater than the happiness of realization, we yet have the pleasant anticipation of something good from this Commission at the 1911 meeting, since by common consent its work is to be continued until that time.

The reports by the Hookworm and Pellagra Commissions were received with marked interest and attention, and brought forth a great deal of discussion. The report of the Commission on Pellagra showed a great deal of work and scientific research, and was presented in a very scholarly, masterful way. Fortunately are we that this Commission is to continue its researches, with Dr. A. M. Townsend as its Chairman.

The partial report of the Hookworm Commission showed from research, original investigation, and correspondence, that there is no scientific data yet at our disposal to justify the assertion that the Negro is

responsible for this disease, or that he is more than any other class of peoples a hookworm carrier. This Commission is also to continue its work for another year, when it is hoped they will bring forth further evidence to prove the innocence of the Negro race in regard to his responsibility for this disease.

The Commission on Medical Education, which was to have reported in New York in 1908, but made its partial report in Boston in 1909 continued its labors and made a very encouraging, helpful and instructive report on Negro Hospitals. The Commission has evidently been at work and has made some investigations. It showed that the hospitals, owned and controlled by Negroes reported as seventeen in number, on the whole are doing effective work, and getting as good results as many of the best and most systematically controlled white hospitals. The report is indeed encouraging, and as this committee is to continue its work for another year, it is with much pleasure that we look forward to what they will have to present to the world at Hampton, Va., in 1911.

These investigations are a distinct departure from the regular routine of the work heretofore done by the organization, and open up a broad field of rich, scientific, economic and sociological work. It is to be hoped that the Association will not let this opportunity pass, but will continue work along these original lines to the great good of the organization and to the Negro race at large.

Happy was the Convention in

having at its disposal the great new Freedmen's Hospital, with its modern equipment and facilities. It was one of the drawing cards for the meeting in Washington. Men looked forward to it with great eagerness and anxiety. Some reached Washington even a week ahead of the meeting in order to take advantage of what might be seen in the Freedmen's Hospital.

Negro surgeons all over the country were looking forward with anxiety to see what their fellows could do in the operating room, and others were as eagerly anxious in turn to show what they could do. A little surprising and disappointing it was when we reached Washington on the eve of the convention, to learn that the same conditions which faced the organization in the city of Boston in the white hospitals, faced it in Washington in the great Negro hospital; that is, that only members of the staff would be permitted to operate. While the members of the staff are composed of both Negro and white surgeons, at the same time it was none the less a surprising blow to the visiting surgeons, many of whom are doing as effective and as successful work as is done anywhere, that they should not be permitted to wield the knife, or even to assist in operating in this institution, the pride of the race! The blow dealt would not have been felt with such force had announcement to this effect been made earlier, but the notice had been sent out by the local committee advising all those who wished to take part in the clinics to communi-

cate with the Chairman on clinics, and we admit that the blow was felt even more keenly than when it fell in Boston, for there all of the heads and all of the operators were white, while here the head of the Institution is a Negro with Negro assistants and Negroes on the staff, and then too, in Boston when we found the doors closed against us, we had another recourse, and after witnessing the skill and alertness displayed by members of the other race in the leading hospitals, we had the privilege and advantage of turning our attention to a little hospital owned and controlled by a member of our own race, and a member of our Association, Dr. C. N. Garland, who opened the doors and turned the material over to the surgical section of the N. M. A., to distribute as this section with its Chairman saw fit. This was done, and results were very gratifying, as the operations were skillfully performed, and some weeks after leaving Boston, one of the local papers published to the world that every case recovered. In Washington there was no other recourse and the visiting surgeons had to content themselves by taking a seat in the Amphitheater and looking wise and some of them did look wise indeed. However, in spite of the above facts, it was a privilege to even come under the shadows of this magnificent hospital, and there to witness the achievements of the Negroes in medicine and surgery, and to see the possibilities for the future advancement of the race along these lines.

As to the social side Washington tried to outdo itself. The most refined and elegant homes were hospitably thrown open to visiting delegates, and on all sides we were made to feel that the hospitality extended was genuine. The citizens and ladies' committees are due our warmest congratulation and thanks for the part they played in making it pleasant for our delegates and the ladies who accompanied them.

Another feature in connection with the entertainment which should not be overlooked is the fact that we had an opportunity of seeing more automobiles owned and operated by Negroes than anywhere else in the world. Washington can boast of a larger number of Negro professional men than any other city in the United States, and nearly every other one had his automobile, which we freely admit added greatly to the pleasure and enjoyment of the visitors.

Resume

Candidates for the office of President were on hand as usual, and quite an intense rivalry existed. We remember when this office went begging. It is very gratifying to us now to know that it is the ambition of so many of our leading physicians to become President of the N. M. A. This is correct and a laudable ambition, for any eligible man should consider it an honor to be elected to the head of this great body. While all of this is true, we regret that some have found it necessary and convenient to inject politics—and in too

many instances, methods akin to those of the ward politician--into the organization in order that they may secure the election. A friendly rivalry for the office excites interest, adds to the enthusiasm and attendance, but when ill feeling and rancor are injected, as has been done on some occasions during the past three or four years, and especially between parties of the same place, it leaves an aftermath not pleasant to contemplate, and not conducive to the best future good of the organization.

Let us hope that none of this will be true in regard to the recent election. That there was much good-natured jesting among the local candidates, we can testify. Let us hope that the best feeling exists between successful and defeated candidates, and that all will unite in extending and strengthening the work of the N. M. A. At the same time we urge the adoption of the resolution recommended at the last meeting changing the method of election, which we believe will bring about reform in these respects.

CONCLUSIONS

1. "We are headed up-hill."
2. The 12th N. M. A. was, all things considered, the best we have yet had.
3. The N. M. A. has a place amongst the forces at work for the uplift of the Negro race.

Our Troubles

Our subscribers are requested to be as charitable as possible with us in the event that mistakes are made

concerning their subscriptions and receiving their Journals. We wish to call their attention to the fact that the Journal staff is doing the work of publishing this periodical free of charge; that our services are donated to the organization, with our only expectation of pay being the building up of a great medical organization among the Negroes, and having before the world a first-class, Negro medical journal. We do not ask that you entirely overlook our shortcomings, but, we simply ask you to be charitable, and remind you of the fact that while we are giving our time in the manner we are to this publication that we have to follow other means of earning our bread and butter just as you have. If your Journal fails to arrive in due time, please drop us a post card, which will take only about one minute of your time and one cent of your money, and we shall gladly forward the Journal to you. The mistake is not always ours. Occasionally the Journal fails to appear when it has been duly mailed but somehow goes astray through the Post Office Department. We mention this because some of our subscribers are inclined to be a little uncharitable in this regard; for instance; quite recently we had a subscriber to write us a curt note advising that his subscription be discontinued simply because one of our temporary and inexperienced office assistants misaddressed his Journal, even though he received it. We say unhesitatingly that such an attitude is unjust and uncharitable, to say the least. We can cite instances

where we have failed to receive our copy of a first-class daily paper for nearly two months after our subscription has been paid. Another instance where we subscribed for a magazine, and for ten months, even though our subscription was paid in advance, the same did not appear. Such mistakes will sometimes occur. We desire very much to be accurate, and if any name or address happens to be wrong we are asking that you will be charitable enough to drop us a postal card advising us of the same, and on all such occasions we shall always be pleased to make the required corrections.

While reminding our subscribers of the fact that the Editors of the Journal are not paid for their services, that at the same time we have to pay for the printing of the periodical and for transportation through the mails and that we are dependent upon our subscribers to meet these expenses. A number of our subscribers are in arrears, and we are making this special appeal that each one who has not paid his subscription for the present year will do so at once, because we have a deficit, and while the Association generously at the last meeting donated to us a nice little sum for this purpose, it was not enough to meet the demands against us, and unless our delinquent subscribers will come bravely to our assistance, we will go into another year carrying over a deficit, which may amount up to such proportions as to be unmanageable. We sincerely hope that bringing this to your attention will be sufficient to

cause every delinquent subscriber to come forward at once with his payment.

In the death of Dr. Geo. F. Grant of Boston, the Negro has lost one of the pioneers and one of the most illustrious figures in the dental profession. Perhaps not so generally known to the members of his own race, yet he was a very conspicuous example of the progress and best thought of his profession. He was a graduate of Harvard, lecturer, demonstrator, inventor, writer, instructor and an international authority upon mechanical dentistry.

Immediately following his graduation in 1870, he was appointed instructor and later professor in the chair of mechanical dentistry at Harvard University, which position he held for thirteen years. His invention of the "oblate palate" gave him an international reputation; his writings on dental subjects were extensively read and copied abroad.

He was one of the founders and at one time president of the Harvard Odontological Society; and a member of the American Academy of Dental science.

"606"

It makes one feel that the millennium is close at hand to read that a positive "specific" has been found for syphilis.

If later reports confirm the clinical observations already made, physicians can congratulate themselves that they have available for use one of the

greatest and most important discoveries in the history of medicine.

The claim is made, and so far well authenticated, that the new remedy, in a single injection, will prove as destructive to the spirocheta pallida, as quinine will to the plasmodium malariae.

It is a product from the laboratory of Paul Erlich, and is a synthetic arsenic compound, dioxydiamidoarsenobenzol dihydric chloride.

Following closely on the discovery of the causative agent, the spirocheta pallida; the successful transmission of the disease to apes; and the perfection of the Wasserman reaction, this achievement will give new hope for the conquest of the other great scourge, tuberculosis.

Erlich had long been making research into the effects of various arsenic compounds on protozoon life; and in the 606th preparation used (from which fact the article is called "606") he found one very antagonistic to spirilla.

Experiments have been made on both animals and man; and the results in the hands of such practical clinicians as Iverson, Niesse, Alt and others have been little less than miraculous.

It seems almost beyond belief, but these observers report that after a single injection of 5 to 8 grains the organisms will disappear in 24 to 48 hours; roseolae disappear, ulcers heal, gummata and chancre soon fade.

The remedy is now marketed in this country; and nothing would be more commendable than to have some of our members make experi-

ments this winter and report at our next session.

The recent meeting of the N. M. A. in Washington was in many respects the most notable in the history of the organization. The sessions in point of scientific interest and enthusiasm were far above the average. The attendance was all that could have been expected. The side-shows (social features) were pleasant but not so disproportionate as to overshadow the main tent.

The recommendation of the President, made in his address, that the head of the organizations be something more than a figure-head, was just and timely.

The proposition to have the business transacted by "delegated" representatives while not ideal is a step far in advance of the present-time consuming system; it will allow the sessions to be devoted entirely to the reading and discussion of papers; and will eliminate this greatest of nuisances, political log-rolling. If there is anything that is disgusting, it is to see a man going around soliciting votes for himself, singing his own praise and decrying his opponents.

Was the twelfth annual meeting of the N. M. A. a success? This question can be answered, yes and no; it all depends from what point you view the subject.

The arrangements at Washington were conceded by all in attendance to be complete in every detail as to the comfort of the officers and delegates calculated to expedite the business of the convention without a

hitch, and to afford ample time for the proper discussion of all papers and reports of the very, very important commission. A magnificent scientific program was arranged by Program and Censor Committee; all social affairs were arranged by the local committee at hours in the evening after seven o'clock.

Now that the excitement has passed, let us sit in sober judgment and review, and try to see this magnificent organization that stands for so much as others may see us.

What actually happened? The sessions did not convene on time, the business lagged, the morning of the third day opened with three sessions work to do, with this result, that the reading and discussion of the papers had to be curtailed, discussion limited to two minutes to a speaker to make way to spend a whole afternoon electing a president.

It is to be hoped that those who are interested in the growth and welfare of the National Medical Association will see the wisdom of

profiting by past experience, and not try to decide local differences; to do so only offends the losing side, and makes them indifferent to the National body. I don't believe the records of the Association will show that where there has been a heated contest between two contestants in the same city, the winning candidate has been able to bring to the next meeting anything like a fair delegation from his home. Why? I will not attempt to answer the question. Draw your own conclusion. I hope that this will not be true of this last meeting.

In conclusion, is this organization working along scientific lines to try to carry along research work, etc., or is it to drift into an annual gathering for a good time and to elect a President.

It is to be hoped that at the meeting in 1911 things will change and the National Medical Association will give itself to the real work and ignore officer seekers.

W. S. LOFTON, D. D. S.

Comment on The Journal

"I am in receipt of the Journal of the National Medical Association and heartily endorse the efforts which have made it possible to chronicle the experience of the professional Negro in medicine and its branches, and promote a wide and influential exchange of views of the men of our race who are consecrating their lives to the physical, and indeed, moral welfare, of our people.

The Journal is typographically, artistically, intellectually, and ethically a great success."

Fraternally,

R. C. BROWN, Richmond, Va.

Sketches From Life

"A tale should be judicious, clear, succinct;
The language plain, and incidents well linked;
Tell not as new, what everybody knows,
And, new or old, still hasten to a close;
There, centering in a focus round and neat,
Let all your rays of information meet "

Possibly some reader can help the editor of the Independent out of the following quandary:—

The titles of Ph. D. theses are sometimes very puzzling. Here is one from Cornell University, written by Helen Brewster Owens, on "Conjugate Line Congruences of the Third Order Defined in a Family of Quadrics." Now "conjugate" we know, and a "conjugate line" we suppose relates to ancestry on both sides; and "congruences" are essential for happiness in the conjugate relation. But what kind of children are "quadrics," and would a "family" of them be congruous or quarrelsome? We leave the riddle to our readers.

Why Men Wear Trousers

No living man of this age, ever deliberately chose to adopt "trousers." He was forced into them and all other eccentricities by women. In the very earliest sartorial experience he is swathed in a queer bundle of incoherent bandages by a woman. Later she puts him in cute dresses so that the neighbors can't tell him from his little sister. Still later she cuts off his curls and puts him in knickerbockers, and he puts on long pants when she gives the word, not before. That is all that man has to do with wearing trousers. Women forced him into them in the first place, and now he is afraid to wear anything else for fear of making a sensation.—Benton (Mo.) Democrat.

Get to Work

If the skies look dull to you,
Get to work.
If the atmosphere is blue,
Get to work.

Fostering your discontent,
Will not pay the landlord's rent,
Will not gain for you a cent—
Get to work.

Brooding doesn't help your cause,
Get to work.
Nothing gained by picking flaws,
Get to work.

Weak are trampled by the strong?
You a victim of man's wrong?
"Stand the storm. It won't be long"—
Get to work.

If success shall come, you must
Get to work.
There's no other way but just
Get to work.

It may yield not wealth nor fame;
Much or little, just the same,
If you perish, you'll die game—
Get to work.

—Author Unknown.

His Patriotism

There was one patriot, at least, in Philadelphia who remembered the significance of the Fourth, and he was a Negro.

This man, probably sixty years old, was seated upon his doorstep in one of the side streets of West Philadelphia, on Monday evening about 7 o'clock, when a white man for whom the old Negro frequently does odd jobs strolled by the house.

"Well, Eph," said the white man, "what did you think of the fight?"

He referred of course to the Jeffries-Johnson brawl.

The eyes of the old Negro lighted up in a second with the fires of youthful enthusiasm.

"Gosh, boss" he answered, "we done suttinly knock de spots offen dem Brittitish-ers, didn't we?"—Philadelphia Times.

Long Words

"Don't use too long words, said F. Hopkinson Smith, the author, at a luncheon in Philadelphia. "I was once on the way to Reading by train, and at a town nestling

beside the river. I came out on the platform and drew deep breaths of the pure, delicious air.

"Isn't this invigorating?" I said to the brakeman.

"No, sir; it's Conshocken," said he."—
New York Telegram.

Shams

The world is still deceived by ornament,
In law, what plea so tainted and corrupt,
But, being seasoned with a gracious voice,
Obscures the show of error? In religion,
What damned error, but some sober brow
Will bless it and approve it with a text,
Hiding the grossness with fair ornament?
There is no vice so simple but assumes
Some mark of virtue on its outward parts.
How many cowards, whose hearts are all
as false

As stairs of sand, wear yet upon their chins
The beards of Hercules and frowning Mars,
Who, inward searched, have livers white
as milk?

And these assume but valor's excrement
To render them redoubted. Look on
beauty

And you shall see 'tis purchased by the
weight;

Which therein works a miracle in nature.
Making them lightest that wear most of it:
So are those crisped, snaky, golden locks,
Which make such wanton gambols with the
wind,

Upon supposed fairness, often known to be
the dowry of a second head,
The skull that bred them in the sepulchre;
Thus ornament is but the gilded shore
To the most dangerous sea; the beauteous
scarf

Veiling an Indian beauty; in a word,
The seeming truth which cunning time
puts on

To entrap the wisest.

—Shakespeare.

Alms and the Man

"Sure Father Flaherty was a good man,"
Mr. Murphy said of the deceased parish
priest. "He hated sin but he loved th'
sinner, an' he was all compassion an' pa-

tience an' wisdom. There never was an-
other loike 'im f'r holdin' up hope to th'
poor batthered man that had any desire f'r
good.

"Faith," said he to Con Muhen, th'
toime th' bh'y was down and out, 'faith
this soide av paradise 'tis all beginning
again, over an' over, an' ten toimes over!'"

"An' that keen," continued Mr. Mur-
phy, "'twas niver worth whoile to keep
back part av th' price av th' land! With
a tinkle in his eye he'd see clean through
anny Annias that iver walked.

"An' gin'rous!" Mr. Murphy's voice
dropped to a lower key, and his eyes were
wet as he added, "His hand was always in
his pockut' an' whin they prepared him f'r
burial they found his right arm longer than
his left wid stretchin' it out to th' poor."—
Youth's Companion.

Too Much Tonic

When Chinchin returned home from
Chinchin and Chinchin's the other day he
found his wife lying worn out upon the
sofa.

"Nothing wrong, I hope?" he ex-
claimed!

"I'm afraid I shall have to stop that tonic
the doctor prescribed for Tommy," Mrs.
Chinchin faintly murmured.

"Why? Isn't he any better?" asked
Chinchin.

"Oh, yes; but I think the tonic must be
too invigorating. Why, he has slid down
the banisters six times this morning, broken
the hall lamp, two vases, a water jug, and
a looking-glass, tied a tin can to the cat's
tail, and scribbled his name on the draw-
ing-room paper. Of course, it's very gratify-
ing; but I don't feel I could stand much more
so I think I'll stop the tonic."—Tit-Bits.

Nothing New Under the Sun

Macaulay's commentary upon Joanna
Southcott's propaganda of the early 1800's
has its exemplification in the Eddyism of
today, and explains away the frequently ex-
pressed idea that "there must be something
in Christian Science, or it would not have
such a following."

A very common knowledge of history, a
very little observation of life, will suffice to

prove that no learning, no sagacity, affords a security against the greatest errors on subjects relating to the invisible world. For this reason we have ceased to wonder at any vagaries of superstition. We have seen men, not of mean intellect or neglected education, but qualified by their talents and acquirements to attain eminence either in active or speculative pursuits, well-read scholars, expert logicians, keen observers of life and manners, prophesying, interpreting, talking unknown tongues, working miraculous cures, coming down with messages from God to the House of Commons. We have seen an old woman, with no talents beyond the cunning of a fortune-teller, and with the education of a scullion, exalted into a prophetess and surrounded by tens of thousands of devoted followers, many of whom were, in station and knowledge, immeasurably her superiors; and all this in the nineteenth century; and all this in London. Yet why not? For of the dealings of God with man no more has been revealed to the nineteenth century than to the first, or to London than to the wildest parish of the Hebrides. It is true that in those things which concern this life and this world man constantly becomes wiser and wiser. But it is no less true that as respects a higher power and a future state man, in the language of Goethe's scoffing fiend:

"Bleibt stets von gleichem Schlag,
Und ist so wunderbarlich als wie am
ersten Tag."

—[Macaulay.

From Medical Brief, March, 1910.

Woman Suffrage

Somewhere we ran across these crude little

verses. The poetry may be questionable, but the sentiment, ah, the sentiment is the thing:

"A wholesome smell of bread, new baked;
The spinning wheel's low hum;
These with an hundred homely tasks,
Make of her day the sum.

Yet search the whole world thro' and thro'
Her happiness to match;
Her drowsy babe upon her breast,
His hand upon the latch."

A lovely face, flushed with exertion but happy in the sheer delight of motherhood and the toil of the home, somehow or other fits into the picture. Would the privilege of the ballot add one jot or tittle to the happiness of the mother or lighten ever so little the tired steps of him who lifts the latch?

But what of the women who have to struggle for bread and never become either wives or mothers?

You Will Never Be Sorry

For living a pure life.
For doing your level best.
For being kind to the poor.
For looking before leaping.
For hearing before judging.
For thinking before speaking.
For harboring clean thoughts.
For standing by your principles.
For stopping your ears to gossip.
For asking pardon when in error.
For being square in business dealings.
For giving an unfortunate person a lift.
For promptness in keeping your promise.
For putting the best construction on the
acts of others. —Selected.

Comment on The Journal

"I received a sample copy of the Journal of the National Medical Association. The Journal is to my mind a credit to the N. M. A. It is up to the standard in every particular. The papers by leading Negro Doctors are excellent.

Yours truly,

A. O. Campbell, Boston, Mass.

Items of Interest: Newsy and Otherwise

Among the members of the N. M. A. are many men of mental fitness and material worth who pursue the even tenor of their way, alike a credit to the Negro race and an honor to the medical profession; without the glamour and hurrah of cheap newspaper, and other questionable advertising. Such an one is Dr. George W. Cabaniss of Washington, D. C., the efficient State Vice-President of the N. M. A., of the District of Columbia. His labors for the Association have been productive of much good, and he is highly honored and respected by his constituents.

To no one man is there due more credit for the success of the preparation for the recent meeting of the N. M. A., in Washington, D. C., than to Dr. W. S. Lofton. For several years Dr. Lofton has shown his worth to the N. M. A. Had it not been for his labor we should have failed in having an exhibit at the Baltimore meeting in 1907. It is through his efforts and ability as an organizer that we now have a wide-awake, working Dental Section of the N. M. A. Patient, persevering, optimistic, when he takes hold of a thing it is with the idea of making it a success.

The local committee made a wise selection when it chose him to lead in the preparation for the

meeting of the N. M. A. To him, and to those who so ably assisted him, the Association is under a lasting debt of gratitude.

Twelve colored applicants presented themselves before the Alabama Medical Examining Board at its recent sitting in the city of Montgomery. Of this number only two were successful in securing license to practice medicine in the state. Both of these were graduates of Leonard Medical School, and one had just completed his year's internship at the Tuskegee Institute Hospital.

Dr. Jas. E. Wormley of Newark, owing to prolonged illness, has temporarily relinquished his practice in that city and is now under treatment in Washington.

Dr. E. P. Roberts of New York City has returned after a long visit to Europe.

Dr. York Russell of New York is devoting his practice to Genito-Urinary work.

The July meeting of the North Jersey Medical Society was held at the residence of Dr. T. W. Robinson, Jersey City; the paper read by Dr. Jas. F. Stroud was entitled "Hyperemesis."

The August meeting was held with Dr. W. P. G. Urling, New-

ark. The September meeting was held with Dr. W. H. Sutherland, Orange; the paper, "Diarrhoea," was read by Dr. J. C. Anderson, Plainfield.

A public meeting will be held September 30th, in Newark.

Contributors to the Journal of the National Medical Association are requested to have their matter reach the Editor not later than the 15th day of the month preceding the coming issue. Unused manuscripts will be returned to writers only at their request, and when accompanied by sufficient postage to cover same.

Our advertisers are requested to send in matter for publication on or before the 15th of the month preceding the issue in which they wish their advertisement to appear. This refers to new matter, as well as to change in advertisements.

The Board of Examiners of the state of Alabama has given printed notice to the effect that graduates of certain colleges will not be eligible for examination by the said Board. The list includes 30 white colleges in the United States from 16 different states, also three colleges in Canada. Of the Negro medical schools 4 are placed in the unsatisfactory list, as follows:

1. Chattanooga National Medical College (Chattanooga, Tenn.).
2. Knoxville Medical College (Knoxville, Tenn.)

3. University of West Tennessee (Medical Department, Memphis, Tenn.).

4. Louisville National Medical College, Louisville, Ky.

From the "Leaf Chronicle" the leading daily of Clarksville, Tenn., we clip the following editorial:

Dr. Robert Burt, at the request of members of the Board of Health, has been appointed a member thereof by the mayor and also deputy health officer. The appointment is a good one, as Dr. Burt's practice among the colored people is quite extensive and his knowledge of the health conditions among his race can be profitably utilized by the Board of Health.

The Secretary of the National Medical Association wishes to advise that all members of the Association who have not as yet received their certificate of membership will kindly forward to him a two cent stamp, together with their professional card, or prescription blanks, in order that the certificate may be filled out correctly with initials, name and degree.

Dr. B. R. Bluit of Dallas, Texas was the special guest of the Oklahoma society at its annual meeting in July.

The Editor spent the month of July in his old home, Dallas, Texas. He was the guest of Dr. F. A. Bryan, a prosperous physician of that city. The doctor is a subscriber of the Journal, and has done much to help increase its circulation.

Dr. J. W. Anderson of Dallas, Texas has been offered \$105,000 for his real estate holdings in that city. He refused.

Dr. Rich T. Hamilton of Dallas, Texas, is the Secretary of the Lone Star Medical Association and an efficient supporter of the Journal. He informs us that the outlook is bright for a successful meeting in November.

Through the push, perseverance, indefatigable energy, and business acumen of Mr. J. C. Burrells, of Washington, D. C., Solicitor of Exhibits for the Washington meeting of the N. M. A., we had the best display the Association has witnessed for several years, and with the net result of the best financial income to the organization we have ever experienced.

Through the Journal, the Association wishes to extend its hearty thanks to Mr. J. C. Burrells for his most excellent assistance.

Dr. U. G. Mason, one of the leading physicians of Birmingham, Ala. lost his estimable wife on the 19th of September last. She died of peritonitis after a brief illness.

Education is the process of transmitting to the young the accumulated experience of the race.
—Kelly Miller.

Dr. Algernon B. Jackson of Philadelphia, Pa. has resigned his

position at the Polyclinic Hospital to become Surgeon-in-chief of Mercy Hospital of that city.

Statistics compiled by the actuaries of the insurance companies show that a man's business life is divided into four stages. The first is the egotistical stage, which lasts up to 20 years of age, during which time he does nothing save acquire a lot of bad habits and spends his time advising his employer how to run his business.

The second period is from 20 to 40, and could be well styled the accumulative period, for it is between these two ages that a man stamps himself a success or a failure in the race of life. During this period the future is absolutely settled.

During the period of from 40 to 60 should be termed the time of caution, for then a man has everything to lose and nothing to gain in selecting a new occupation, making a new investment or financing a new business venture. Above the age of 50 statistics show that not one man in five thousand can regain his financial footing if he loses it.

The fourth period is after 60, and the tables show the astounding fact that 95 per cent. of the people who live to this age are either dependent on their own earnings for existence or else are living off of the efforts of their children.

What an incentive is this for the youngster to cultivate early the

habits of thrift, of saving and of industry that he may be spared the humility of being classed in the great crowd of 95 out of each 100 who are stamped as life's weaklings by not having laid aside enough to take care of them in their old age!

It has been found recently that the relative size of the heart in different groups of animals depends upon the amount of work it is called upon to perform. This is announced by Miss F. Buchanan, writing in *Science Progress* (July) on the significance of the pulse rate in vertebrates. Says *Nature* (London, August 4), in a brief abstract:

"Thus in fishes, where it has only to pump the blood so far as the gills, the heart is always small, averaging 0.09 per cent. of the body weight; but in the inert flat-fishes it is still smaller, being only about 0.04 per cent. of the body weight. On the other hand, in birds, more especially migratory and vocal species, the heart has very heavy work to perform, and is consequently of great relative size, ranging from 1 to 2, or in a few cases 2.6, per cent. of the body-weight. In consequence of these differences in the amount of work the heart has to execute, its size bears no fixed relation to that of the animal to which it belongs. 'The heart of a pigeon, e. g., weighs twenty-five times that of a plaice of the same weight, and is about equal to that of a salmon

fifteen times as heavy as the pigeon. A thrush, and a guinea-pig of six or seven times its weight, have hearts of about equal size.' "

That Indian girls make especially capable trained nurses is asserted by Estelle Reel, an authority on the Indian race, writing in *Good Housekeeping*. They have a fine sense of taste in art and music, yet also have the steady nerves required in the sick-room. We read:

"The educated Indian girl looks for a higher type of manhood in a husband than satisfied her mother. If she does not find her ideal, she is perfectly capable of earning her own living. You may find in her any one of various traits that fit her for special work. She makes a superb nurse. Hospitals which have trained Indian girls are making constant effort to enlist others of the race. She has infinite patience, forbearance, generally a magnificent physique, and no trace of the 'nerves' which so often cause a breakdown among overcivilized races. An Indian girl can go through the most trying surgical case with a stoical calm that is extraordinary. She never gets flurried, anxious, or worried, and she obeys the physicians as a soldier does his commander. In caring for cases of severe illness she seems to live on some strange reserve force, and is as tender as well as a painstaking nurse."

If the wise old black gentleman who rules the Republic of Haiti has added a knowledge of English to the extremely simple accomplishments he possessed when he became President two years ago, he ought to read with extreme satisfaction the following, which is condensed from the "Canal Record."

"An opportunity was afforded to test the value of the various classes of laborers on the Isthmus on the elemental basis of pick and shovel work. White Spaniards and Italians could earn just about enough from daybreak to sunset to keep them alive. Native Panamanians did not find the work profitable. Negroes from the British West Indies could earn little more than the ten cents gold an hour that the Commission pays on regular work. French Negroes, those from Haiti and Martinique, excelled all others. They made \$1.50 gold a day in six hours of actual work, day after day."

This shows what the native Haitian can do when driven by white men. It also suggests what he might do by himself at home if his politicians and dictators would give him a chance.—*Colliers' Weekly*.

As the water used here for drinking and other purposes was considered unwholesome, a new method of sterilization has been adopted. There is an electric power plant worked by turbines, the force being the water which is

afterwards sterilized. The two dynamos are run separately, so that there can be no stoppage while one of them is being cleaned or repaired. The force produced is 110 volts, 500 periods per second, which is transformed into an alternating current with a potential power of 17,000 volts. This high-power current is conducted to a so-called ozone battery. Each of the five batteries composing a system consists of three vertical copper plates 2 feet square and 1½ inches thick, with a space of 8 inches between each; in each of these spaces there is a pair of glass sheets, between which the electric sparks decompose the air, which is forced through them by a sucking machine. The decomposed air consists of ozone and azotic acid. The azotic acid is retained and the pure ozone made available by passing the decomposed air through a vertical vitrified pipe containing charcoal dust and pieces of cement. The water, under the pressure of a fall of 12 feet, flows through a system of earthen tubes about 1 inch in diameter and having 33 holes each; these tubes pass through a space filled with ozone which the water absorbs.

After this first process of sterilization the water flows into a tank in which there is a wire netting supporting about 3 feet of pebbles; these pebbles divide the water so that it falls like a heavy rain to the bottom of the tank and a strong ozone current, coming

from the sides of the tank, is absorbed by the falling water. The ozone is then extracted by having the water fall on stone steps. Medical authorities declare that after having undergone this process water is absolutely germ free and that it is impossible to produce any kind of germ culture in it.

Two ozone plants were built in 1909; one of them gives an output of 39.61 gallons per second, and the other 79.22 gallons. Each of these plants is composed of two separate systems, so that there can be no possibility of a shortage of water. A new plant is under construction which is to be large enough to supply all the towns and cities between Nice and Mentone, a distance of 24 miles. New waterworks are also to be constructed in the near future at both Cannes and Grasse.

A very interesting volume, called "Man and Woman," by Havelock Ellis when it first appeared, sixteen years ago, undertook to bring together the current scientific opinions on the topic of which it treats. The latest edition, bringing the conclusions fairly well up to date, is probably the best popular and summary exposition of the subject. It is a good book to read, for it not only gives information, but teaches intellectual caution and humility, showing how rash and shallow are many of our pseudo-scientific generalizations, and how various have

been the spheres, occupations, and relations of the sexes under varying customs and environments. To return, however, to the one point which we deemed suitable material for an editorial. The male is more variable from the type than the female, the explanation lying perhaps partly in his later development, partly in her more intimate connection with offspring. Women resemble children in various ways, as, for instance, in their diseases, it being easy to find diseases which are common in women and children and rare in men, but difficult to find any which are frequent in men and children and rare in women. In various physical characteristics, as her high voice, smooth face, and many interior characteristics, woman resembles the child. Now what does this mean? The infant ape is much more like man than the adult ape is. In other words, the ape is higher in the line when he is born, and then, from the evolutionary point of view, he goes backward. The female ape changes less, remains nearer the infant type, and therefore is higher than the male. The human infant, likewise, is more like what a higher race would be, if one should be developed, along Darwinian lines, than either of his parents, but the woman is higher, from this biological standpoint than the man. The child of many African races is scarcely, if any, inferior to the white child. Adaptation to his environment is a dif-

ferent thing. There the hairy, large-boned gorilla is ahead of his offspring, but not from the zoological point of view. Darwin pointed out that zoological conservatism of the woman, which means that she, like the child, approximates more nearly the human type to which man is approaching. The large-headed, delicate-faced, small-boned man of urban civilization is much nearer to the typical woman than is the savage. Industry, taking the place of war, tends to make men more like women. "The hope of our future civilization lies in the development in equal freedom of both the masculine and the feminine elements in life," and "it is safer to trust to the conservatism of nature than to the conservatism of man"—with which quotations we hand the volume to the reader.—*Collier's Weekly*.

Doctors disagree somewhat on the methods which in the long run will be best for diminishing crime. A few of them believe that crime is practically all caused by environment, but the majority are convinced that there is a kind of degeneracy or perversion in the individual which is incurable and would exist in certain stocks under any conditions. This latter belief is the cause of the strong movement among physicians to take away from confirmed criminals the ability to beget descendants. Four states, Indiana, Connecticut, California, and Wash-

ington, now act upon this principle, and it has been applied for some time in Switzerland, which little country has the habit of keeping ahead of the rest of the world in cautious but bold social legislation. The balance of evidence so far seems to be in favor of sharp distinction between the accidental criminal and the hereditary type. The first is a victim of social conditions, and the burden is clearly on society to give him a better chance, in the same way that is giving us all a better chance to avoid disease and to lengthen life. For the hereditary criminal, however, if he is an abnormal physical type, there seems to be no genuine cure except a check on breeding, and society certainly has the right, where it has the necessity, to influence the propagation of human beings as obviously as it has to control breeds of stock. There is a weak sympathy easily aroused for individuals which contradicts intelligent sympathy with millions of useful citizens. Kindliness and toleration have been one of the gains of modern society, but they can both run into a social loss if they are unrestrained. The unfit ought to have their chance, but they ought not to injure the fit. The huge loss to society, direct and indirect, from the large and apparently increasing criminality makes the question a serious one, and New Jersey, Ohio, Utah, Ontario, and Germany are considering the passage

of measures similar to those hinted at above. In an argument before the Society of the Alumni of Bellevue Hospital last spring, in which all sides of the question were put forth, it appeared that one extreme advocate of this physiological check had gone so far

as to say that in four generations it would be the means of wiping out nine-tenths of crime, insanity, and illness. Modern surgery makes the step harmless to the individual and free from danger.—*Colliers' Weekly*.

Minutes

The Twelfth Annual Session of the National Medical Association was called to order at 10 o'clock a. m., Tuesday, August 23, 1910, in Andrew Rankin Chapel, Howard University, by the Chairman of the Local Committee, Dr. William S. Lofton.

Invocation by Rev. Dr. J. Milton Waldron, pastor of Shiloh Baptist Church.

Annual Address by the President of the Association, Dr. M. F. Wheatland, of Newport, R. I.

On motion the address was received and referred to the Executive Committee.

Report of the Executive Committee by the Secretary of the Committee. On motion the report was received and referred to the Executive Committee. Report of General Secretary read, received and referred to Executive Committee.

Report of the Business Manager of the Journal read by Dr. J. A. Kenney, of Tuskegee Institute. Report received and referred to Executive Committee.

Report of Editor of Journal

read by Dr. A. M. Townsend, of Nashville, Tenn.

On motion of Dr. Arthur W. Smith, of Jacksonville, Fla., the report was adopted. Dr. Smith also suggested that the members of the N. M. A. come up and help to reduce the present indebtedness of the Manager's Office by putting a collection upon the table. The order of the program was suspended and a collection taken for this purpose. Amount received \$116.00.

On motion the meeting adjourned to meet at 2:30 in the main building of the University.

The afternoon session of the N. M. A. was called to order at 4:30 o'clock, by the President, Dr. Wheatland. Reports were made by delegates and representatives of their State and Local societies.

The following made reports: Dr. J. A. Lewis, of Richmond, Va.; Dr. John B. Hall, of Boston, Mass.; Dr. Higgins, of Providence, R. I.; Dr. H. F. Gamble, of Charleston, W. Va.; Dr. B. F. Jones, of Danville, Ky.; Dr. J. W.

Walker, of Asheville, N. C.; Dr. J. C. Anderson, of Plainfield, N. J.; Dr. A. L. Thompson, of Memphis, Tenn.; Dr. Chas. Marshall, of Washington, D. C.; Dr. A. W. Dumas, of Natchez, Miss.; Dr. L. U. Goins, of Birmingham, Ala.; Dr. Travis Johnson, of New York City, N. Y.; Dr. G. W. Hayman, of Little Rock, Ark.; Dr. Geo. W. Bowles, of York, Pa.; Dr. Covington, of Texas; Dr. R. G. Martin, of Memphis, Tenn.; Dr. Amanda V. Gray, of Washington, D. C.; Dr. Justina L. Ford, of Denver, Col.; Dr. A. W. Williams, of Chicago, Ill.

At the close of the reports a paper on "Continuation of the History of the National Medical Association" by Dr. T. A. Walker, of Baton Rouge, La., was read by Dr. John B. Hall, of Boston, Mass. On motion the writer was authorized to continue the history.

On motion the minutes of the morning session were received and adopted.

On motion the Treasurer's report was received and adopted and referred to the Executive Committee.

On motion the report of the Tuberculosis Commission was deferred until 2 o'clock Wednesday afternoon.

On motion the meeting adjourned to meet at 10 o'clock Wednesday morning.

On Tuesday Evening, August 23, a public meeting was held at

the Nineteenth Street Baptist Church, Rev. Dr. Walter H. Brooks, Pastor.

The meeting was called to order at 8:35 o'clock by the Chairman of the Local Committee, Dr. William S. Lofton.

Invocation by Rev. Dr. Walter H. Brooks.

Solo by Miss Charlotte Wallace.

Address of Welcome on the part of the Commissioners of the District by Dr. William Tindell, Secretary of the Board of Commissioners.

Violin Solo by Mr. Clarence White, accompanied by Mrs. Clarence White. Dr. M. O. Dumas, of Washington, D. C., delivered an address on behalf of the Local Committee; The address of welcome on behalf of the Citizens' Committee was made by Judge Robert H. Terrell, of the Municipal Court of the District of Columbia.

Italian song by Miss Lola Johnson, of Washington, D. C.

Response to welcome address on behalf of the National Medical Association by Dr. J. E. Hunter, of Lexington, Ky.

Solo by Dr. C. Sumner Wormley, of Washington, D. C.

Benediction by Rev. Dr. Wiseman, pastor of Lutheran Church, Washington, D. C.

WEDNESDAY MORNING SESSION.

August 24, 1910.

The morning session of the N. M. A. was called to order at 10:30

o'clock by the President, Dr. Wheatland, in the main building of Howard University. Invocation by Rev. D. F. Rivers, pastor of Berean Baptist Church, Washington, D. C. The reading of the Minutes of the previous day's sessions was postponed until the afternoon session.

Oration on Dentistry by Dr. Charles H. Roberts, of New York. Paper on "Incompatibilities, with Examples" by Dr. Harry S. Pope, of Baltimore, Md. No discussion on these papers.

Paper on "Ana- and Katabolic Nitrogen" by Dr. H. C. Scurlock, of Washington, D. C. The paper was discussed by the following: Dr. J. A. Robinson, of Darlington, S. C.; Dr. France, of Virginia; Dr. A. M. Curtis, of Washington, D. C.; Dr. Willis Sterrs, of Decatur, Ala.; Dr. Mary Britton, of Kentucky; Dr. Edward A. Carter, of Iowa; and Dr. Scurlock, of Washington, D. C.

Announcements by the President.

The regular order of the program suspended and Dr. W. P. Thirkield, President of Howard University, was introduced and delivered an address.

Dr. J. A. Kenney moved that Dr. I. Garland Penn be allowed to make his address at this juncture, as pressing business called him away sooner than anticipated. (Carried.)

Address by Dr. I. Garland Penn of Atlanta, Ga.

Paper on "The Influence of En-

vironment and Races on Diseases," by Dr. C. W. Birnie, Sumter, S. C.

Paper discussed by Dr. S. S. Thompson, of Washington, D. C.; Dr. M. O. Dumas, of Washington, D. C.; Dr. John B. Hall, of Boston, Mass.; and Dr. Morris, of Atlantic City, N. J. On motion by Dr. Sterrs, of Alabama, the discussion was closed.

On motion the meeting adjourned until 2:30 p. m.

WEDNESDAY AFTERNOON SESSION.

August 24, 1910.

The afternoon session of the N. M. A. was called to order at 3:15 o'clock by the President, Dr. Wheatland. After calling Dr. W. S. Lofton to the chair, the President retired to another room where the Executive Committee was in session.

Reading of the minutes of Tuesday afternoon's session. On motion the minutes were adopted with necessary corrections.

Report of the Commission on Hookworm Disease, by Dr. J. A. Kenney. Paper discussed by Dr. Joseph H. France, of Virginia; Dr. W. T. Foreman, of Newport News, Va.; Dr. J. W. Walker, of Asheville, N. C.; Dr. H. P. Cobbs, of Virginia; Dr. Bruington, of South Carolina; Dr. C. M. Wade, of Hot Springs, Ark.; Dr. G. W. Hayman, of Little Rock, Ark.; Dr. Wm. A. Holley, of Bramwell, W. Va.. On motion by Dr. Williams, of Chicago, the discussion was closed by Dr. Kenney.

Dr. Stokes, of Baltimore, said that the report was not complete enough. On motion the Hookworm Commission was continued until next meeting of the N. M. A.

Report of the Commission on Pellagra by Dr. Townsend, of Nashville, Tenn. Discussion of paper opened by Dr. Wade. Dr. Dumas arose to a point of order, stating that Dr. Wade was a member of the Commission and he thought that he ought to yield the floor to some one else. The point was well taken by the Chair. Dr. Townsend said that he would like to have Dr. Wade close the discussion in his stead.

The paper was discussed by Dr. Dumas, of Mississippi; Dr. J. R. Levey, of South Carolina; Dr. R. G. Martin, of Memphis, Tenn.; Dr. H. B. Cobbs, of Gordonsville, Va.; and Dr. C. M. Wade, of Hot Springs, Ark., closed the discussion.

Paper on "Medical Education" read by Dr. Alpheus B. Green, of Berkely, Va.

Announcement by the President that there were quite a number of exhibits in the different rooms of the University and that he wished the members of the N. M. A. to look over them.

The paper on "Medical Education" was discussed by Dr. M. B. Jones, of Richmond, Va.; Dr. Bugg, of Lynchburg, Va.; Dr. Willis Sterrs, of Decatur, Ala.; Dr. Wm. C. McNeill, of Washington, D. C.; Dr. G. W. Hayman, of

Little Rock, Ark.; Dr. A. A. Tennant, of Richmond, Va.; Dr. J. Q. McDougald, of Philadelphia, Pa.; Dr. Joseph J. France, of Virginia; Dr. J. A. Kenney, of Tuskegee, Ala.; Dr. H. F. Gamble, of Charleston, W. Va.; Dr. J. W. Jones, of Winston-Salem, N. C.; Dr. Geo. W. Bowles, of York, Pa., closed the discussion. On motion the Commission on Medical Education was continued until the next meeting.

The President announced that he had arranged for an X-Ray Exhibit after the close of the meeting.

On motion the meeting adjourned to meet at 9:30 o'clock Thursday morning.

THURSDAY MORNING SESSION.

August 25, 1910.

The N. M. A. was called to order at 10 o'clock by the President, Dr. Wheatland.

Paper on Tuberculosis by Dr. George W. Bowles, of York, Pa. Paper discussed by Dr. Joseph France, of Virginia; Dr. A. A. Tennant, of Richmond, Va.; Dr. J. W. Jones, of Winston-Salem, N. C.; Dr. George W. Bowles closed the discussion.

Reading of notice by Dr. Wheatland.

Oration on Surgery by Dr. A. M. Curtis, of Washington, D. C., Subject, "Ectopic Gestation With Special Reference to Operative Technique."

Announcement of the following

committees by the President: Resolutions, Finance and Place.

Paper by Dr. B. F. Jones, of Danville, Ky., Subject, "Dermoid Cyst—Report Case." The discussion of the same by Dr. R. F. Boyd, of Nashville, Tenn., Dr. J. Q. McDougald, of Philadelphia, Pa.; Dr. A. M. Curtis, of Washington, D. C.; Dr. J. J. France, of Virginia; Dr. John E. Hunter, of Lexington, Ky. On motion by Dr. Bugg, the discussion was closed by Dr. Jones. Dr. Lattimore was called to explain the ease more fully.

Paper by Dr. J. C. Robinson, of Baltimore, Md., on "Surgical Aspects of Typhoid Fever." Paper discussed by Dr. C. H. Shepard, of Durham, N. C.; Dr. M. F. Wheatland, of Newport, R. I.

Dr. J. A. Kenney announced that the Local Committee had buttons at the office on sale for seventy-five cents and a dollar and that he wished each member to get a button as it was a source of revenue for the N. M. A.

Paper on "Typhoid Fever," by Dr. P. W. Burnett, of Rocky Mount, N. C.

The President announced that those who were in arrears would not be allowed to vote unless they settled up before the election.

The paper was discussed by Dr. A. W. Dumas, of Natchez, Miss.

Paper on "Infant Hygiene," read by Dr. W. E. Ried, of Portsmouth, Va., and discussed by G. W. Hayman, of Little Rock, Ark.

Paper on "The Life of the Professional Man," by Dr. W. H. Higgins, of Providence, R. I. Discussed by Dr. J. J. Robinson, of Providence, R. I. (Dr. Higgins was asked for a copy of paper for publication, but announced its loss.)

Paper on "Where Should the General Practitioner Stand?" by Dr. J. W. Jones, of Winston-Salem, N. C. Discussed by Dr. F. S. Hargraves, of Wilson, N. C.

The Chairman called attention again to the matter of dues owed the organization. Dr. Levey wished to know whether or not those members who have just arrived could register. The Chairman said, yes.

Dr. J. A. Kenney, the Secretary, made another urgent appeal for the exhibitors.

The President made the announcement that during the afternoon the meeting would be held in Andrew Rankin Chapel.

Resolution on appointment of Finance Committee as recommended by Dr. Kenney in General Secretary's report, read by Dr. Cabaniss. On motion the resolution was referred to the Executive Committee.

On motion the meeting adjourned until 2:30 p. m.

THURSDAY AFTERNOON SESSION.

August 25—3 o'clock

ANDREW RANKIN CHAPEL.

The afternoon session was call-

ed to order by the President, Dr. Wheatland at 3 o'clock.

The minutes of the previous session were read. On motion said minutes were adopted with necessary corrections.

Dr. Dumas, of Washington, D. C., suggested that the remarks of Dr. France which referred to the lungs of the Negro as not being as strong as those of the other race be stricken from the minutes. The suggestion was unanimously accepted.

The report of the Executive Committee was made by the Secretary of Board, Dr. Willis E. Sterrs, of Decatur, Ala. On motion the report was received and adopted. (See report in Minutes of Secretary Executive Board.)

The Chairman asked if there was any unfinished business. As there was no unfinished business, the Chairman said that the election of officers shall be the first order of business after reading the minutes, which were adopted with necessary corrections.

Dr. George E. Cannon, of Jersey City, N. J., asked for the roll call. Dr. A. W. Williams, of Chicago, called the roll and the members took seats within the bars of the Convention.

The tellers appointed were: Dr. Levey, of South Carolina; Dr. John Outlaw, of California; Dr. McDougald, of Philadelphia; and Dr. A. J. Gaskins, of Washington, D. C.

The Secretary of the Commit-

tee on Place made its report, Hampton, Va., being selected as the place of the next meeting. Report received.

On motion the seconding speech was limited to one and the nominating speeches to two.

The question was asked whether or not proxies would be received. The Chairman said no.

Number of members fully qualified to vote from the roll was 190.

On motion the nominating speeches were limited to three minutes.

Dr. H. Stanton McCard, of Baltimore, Md., nominated Dr. A. M. Curtis, of Washington, D. C., for President.

Dr. M. O. Dumas, of Washington, D. C. nominated Dr. C. W. Childs, of Washington, D. C., for President.

Dr. W. L. Tignor, of Washington, D. C. nominated Dr. G. W. Cabaniss, of Washington, D. C., for President.

Dr. J. A. Robinson, of South Carolina, nominated Dr. W. S. Lofton, of Washington, D. C., for President.

Dr. W. S. Lofton, of Washington, D. C., declined the nomination.

Dr. E. D. Williston, of Washington, D. C., nominated Dr. J. W. Mitchell, of Washington, D. C., for President.

Dr. R. F. Boyd, of Nashville, Tenn., seconded the nomination of Dr. A. M. Curtis.

Dr. W. G. Alexander, of Orange, N. J., seconded the nomination of

Dr. C. W. Childs, of Washington, D. C.

Dr. J. A. Lewis, of Richmond, Va., nominated Dr. Willis E. Sterrs, of Decatur, Ala., for President.

Dr. A. A. Wyche, of Charlotte, N. C., seconded the nomination of Dr. G. W. Cabaniss for President.

Dr. Arthur S. Gray, of Washington, D. C., nominated Dr. A. M. Curtis, of Washington, D. C., for President.

Dr. G. W. Cabaniss declined to run for the Presidency.

Dr. Burney, of Athens, Ga., seconded the nomination of Dr. Mitchell for President.

On motion by Dr. W. H. Wright of Baltimore, Md., the nominations were closed.

Dr. Willis Sterrs, of Alabama, declined to run as a candidate for the position as President.

Dr. J. W. Mitchell, of Washington, D. C., declined to run as a candidate for the Presidency, in favor of Dr. A. M. Curtis.

Roll call and the casting of ballots; the candidates in the field being Drs. Creed W. Childs and Austin M. Curtis, both of Washington, D. C.

Result of the first ballot: 184 votes cast, out of which Dr. A. M. Curtis received 111 and Dr. C. W. Childs 72 and Dr. W. S. Lofton a complimentary.

On motion by Dr. Childs, Dr. Curtis' election was made unanimous.

On motion the rules of the Convention were suspended and the remainder of the officers were elected by acclamation.

On motion the Secretary was requested to cast the unanimous vote of the Convention for the election of Dr. William Slowe, of Philadelphia, Pa., for First Vice-President.

On motion by Dr. Amanda V. Gray, of Washington, Dr. Harry S. Pope was unanimously elected as Second Vice-President.

On motion Dr. J. A. Kenney, of Tuskegee Institute, Ala., was re-elected as Secretary of the N. M. A. for the ensuing term.

Reading of resolutions by Assistant Secretary.

On motion by Dr. Boyd the communication received from the Women's Federation was spread upon the minutes and a proper reply made to the letter.

On motion a vote of thanks was extended to the Local Committee and the citizens of Washington, D. C. for their entertainment.

The motion by Dr. Boyd that the reporters to the press—Mr. Thompson and Mr. Stewart—be given \$15 apiece, was referred to the Executive Committee.

The secretary presented a letter from Mr. E. G. Routzahn, Director of the A. M. Tuberculosis Exhibition.

On motion the Convention adjourned to meet in Hampton, Va., in August, 1911.

DENTAL SECTION

August 23, 1910.

The fourth annual meeting of Dental Section of N. M. A. was convened in main building of Howard University Tuesday morning, August 23. This section met with general body of delegates. In the afternoon a Clinic was held at Dental Infirmary Howard University, when Dr. J. E. Washington, Washington, D. C., gave a demonstration in porcelain, and Dr. A. Russel, Washington, D. C., demonstrated gold inlays.

August 24, 1910.

Meeting called to order by Chairman, Dr. W. A. Cox, Cambridge, Mass. Largest number in attendance since organization, thirty-three, representing the following states:

New York, Massachusetts, New Jersey, Pennsylvania, Maryland, District of Columbia, Virginia, North Carolina, Georgia, Texas.

After brief remarks from Chairman, of the progress of Dental Section and Medical Journal, business proceeded to regular order.

Minutes omitted as Secretary hadn't them with him, but were read at some other time.

Chairman reminded the members of recent death of Dr. Fen-derson, D. D. S., and suggested that a letter of condolence be sent his widow.

1. Paper by Dr. C. H. Roberts before general body, "Oration on Dentistry."

2. Paper by Dr. R. C. Brown, Richmond, Va., on "Pros and Cons of Virginia Dental Law Advocating Knowledge of Medicine to assist Dentistry." General discussion.

3. Paper by Dr. C. C. Fry, Washington, D. C., on, the "Oral Hygiene in Public Schools." General discussion, after which Dr. Fry suggested a Committee to be appointed to report on Oral Hygiene. Adjournment.

WEDNESDAY AFTERNOON.

Clinics at Freedmen's Hospital.

Demonstration by Dr. D. A. Ferguson, Richmond, Va., on gold inlays.

THURSDAY.

Meeting called 10 a. m. by Dr. W. A. Cox, Cambridge, Mass., and proceeded by reading of papers.

1. Paper, "Tic Douloureux," by Dr. William Slowe, Philadelphia.

Regularly discussed.

2. Paper on, "Porcelain," by Dr. John E. Washington.

After discussion of this paper, a committee was appointed to select officers for ensuing year for Dental Section.

The minutes of Boston meeting were read and by motion adopted.

Motion to thank Clinicians. Then Report of Committee as follows:

For Vice-President—Dr. William Slowe, Philadelphia.

Chairman—Dr. Baker, Baltimore.

Censor Committee—Dr. Lee, Salem, N. C.

Dental Secretary—Dr. Roscoe C. Brown, Richmond, Va.

Committee for Investigation on Hygiene—C. C. Fry, Norman Lassib, W. B. Jones.

Section adjourned to meet with general body.

PHARMACEUTICAL SECTION

The Pharmaceutical Section met at 11 a. m., August 24, 1910. Dr. Harry Pope, of Baltimore, President of the Section, presided. Report read from Dr. J. P. H. Coleman, Pharmaceutical Secretary N. M. A.

Dr. M. O. Lee, Athens, Ga., read a paper on, "Opportunity." Discussion led by Dr. Singleton, D.

C., followed by Dr. Kingslow, of Bluefield, W. Va., Dr. Simmons, Gray, and Smith, of District of Columbia.

Dr. Simmons read a paper on "Competition." Discussion led by Dr. Jones, Winston-Salem, N. C., followed by Dr. A. S. Gray.

Three O'clock, August 24, 1910.

Paper by Dr. W. L. Board, of District of Columbia. "The Drug Store as a Nucleus of Business." Discussion opened by Dr. Coleman, followed by Dr. Stokes, Simmons, Singleton, et al.

The following officers elected: Dr. Jones, Winston-Salem, President; Dr. Eva F. Ross, District of Columbia, Recording Secretary; Dr. J. P. H. Coleman, Pharmaceutical Secretary; Dr. Harry Pope, Baltimore, Pharmaceutical Vice-President.

Comments on The Journal

The Journal N. M. A. No. 3 came duly. Thanks. Have read it with great pleasure and profit. Keep pulling.

A few of us are proud to see the Colored People moving forward in many ways—I wish them well and hope they will deserve success in all laudible lines of effort. Exhort them to deserve success in all possible ways. To be Reliable in all ways; to make every effort to qualify themselves to render skillful service; that such service pays well, and in every way.

Please send us a good Negro M. D. to live and practice in our city. Plenty Colored people here.

Q. Cincinnatus Smith, M. D.

San Diego, Cal.

Enclosed please find subscription money for the Journal. I am more than favorably impressed with the reading matter contained in it.

Respectfully,

F. V. McDowell.

N. M. A. Communications

Dr. J. A. Lewis, of Richmond, Va., said: "I want to state that we have a society there, but our meetings for the past year have not been as well attended as in previous years. We have a membership of twenty-two, composed of physicians, dentists and pharmacists. We meet monthly and we read and discuss papers. We have also a local branch which is getting on nicely. The outlook is encouraging. We hope by your next meeting to be able to report to you a very large membership."

Dr. John B. Hall, of Boston, Mass., said: "At our annual meeting held in June, it was the opinion of the members of that society that the State Vice-President should be the delegate to the N. M. A. The State Vice-president in making his report would state that we regret very much that the local association has no delegate. Learning that the State Vice-president would not be present at this session, I think it proper that I should say something. During the year just passed, we have spent some time in re-organizing our society. Heretofore, we confined our membership to the three professions of the state of Massachusetts. During the winter, it was advised that we would limit the membership to the New England States, by giving members of our

profession outside of the state, an opportunity to become members of the Massachusetts Society. Very little time has been devoted to preparing and discussing papers. We hope to do better this coming year. Since our last meeting, we have been favored with the presence of our President, Dr. Wheatland, a few weeks after the close of the N. M. A. in 1909. This, of course, was a great inspiration to our society and the members have taken more interest in its advancement. We hold public meetings and subjects are discussed for the benefit of the laity."

Dr. Higgins, of Providence, R. I., said: "I regret to say that we have no local society affiliated with the National Medical Association. But it gives me pleasure to state that all the four physicians of Rhode Island are members of this society—the National Medical Association. We have the honor as having as President of the N. M. A., one from the smallest state in the Union—Rhode Island, to preside over this august body this afternoon. We have in the state three colored dentists and one colored pharmacist, all members of this organization. Due to the small number, we have no organization there, but the men are also members of the State Society which affiliates with the American Medical Association. I believe

there are two or three dentists also members of other State Societies. Our State Society is composed of all white. We have not induced them to affiliate with us, but hope to in the near future."

Dr. H. F. Gamble, of Charleston, W. Va., said: "West Virginia has a very small number of Negro physicians. There are about thirty, possibly thirty-five colored physicians in West Virginia. We have a Medical Society—a State Society composed of fifty per cent. of the practitioners in the state. We have been meeting in annual session. This year we probably had the most successful meeting which we have had in many years. We accomplished more in a practical way than in any meeting we have had. Unfortunately, the time of the meeting was set at a peculiar period of the year on account of the lateness of the season. We usually have our meeting in the latter part of June. We selected the West Virginia Colored Institute and the State Superintendent of Public Instruction had arranged a Summer School for the colored teachers of the state. Our meeting was very largely attended by the physicians and also by a number of the teachers of the Summer School. We had a great meeting. Each evening we threw the doors open to the public and discussed practical questions of importance. The public was intensely interested and benefited.

The discussions were listened to by a class of people decidedly above the average. We accomplished a great deal more by holding public meetings attended by the teachers than we could have accomplished in any other way. Our physicians are enthusiastic, though small in number. We have a number of local societies in West Virginia. In Charleston we have no local society, but there is a society in the Flat Top Region. Through this section we have held regular monthly meetings."

Dr. B. F. Jones, of Danville, Ky. said: "We have an organization in our state, and which affiliated with the National Organization ten years ago. I think it was on the eve of the adjournment of our National Medical Association in Louisville, in 1899. We have physicians, pharmacists and dentists organized. We have been holding regular sessions. We have usually been represented in our National meeting. We have in the state of Kentucky, perhaps, one hundred and thirty-five physicians. We have come in touch with most of them. Nearly all of them have attended our meetings from time to time. Out of the one hundred and thirty-five, eighty-six of them are affiliated in our society. They are regular members. We do not have that number present at every meeting. At our last meeting we had forty present. We take in pharmacists and dentists. Dr. Hunter, and Dr. Lat-

timore, our State Vice-president, will be present. We have one or two local societies: Fayette County Medical Society and Fall City Medical Association in Louisville. In West Kentucky there is a Medical Society. They are doing the best they can for the advancement of the people."

Dr. J. W. Walker, of Asheville, N. C., said: "We had a very successful meeting this past year in June, in Wilmington, N. C., at which time, there was a great deal of interest demonstrated in the Association. We have some splendid doctors and it was decidedly shown that this was one of the very best meetings we have ever had. The people demonstrated great interest in our public meetings in which we discussed tuberculosis, hookworm and pellagra. At our first meeting the Mayor of Wilmington was there and gave us a most hearty welcome; and there was also present one of the members of the Examining Board of North Carolina. In North Carolina we have about eighty-five practicing physicians; thirty-five pharmacists and five dentists. In our organization we have sixty per cent. as members, a large number of whom are members of the National Medical Association. We have in our state four hospitals: one at Raleigh in connection with the Leonard Medical School, and I am glad to announce that they are breaking ground for the erection of a \$20,000 hospital to be modernly equip-

ped; there is also a prosperous and successful hospital in Durham established by Dr. Moore; Dr. Shepard is prominently connected with this hospital as a very efficient and successful surgeon; there is a hospital in Winston-Salem; and one in Charlotte. Dr. Wyche has been Secretary of our local association for a number of years. He is a splendid man and a splendid physician and is noted throughout the length and breadth of our state for his real worth. We feel the need of having hospitals wherever we can and in those towns where there are none, we are striving to get them. We realize that we are put to a great disadvantage, when we have cases to operate upon and have no hospital. We are obliged to turn them over to white physicians and when we do this, it is hard for our people to have the proper interest and confidence in us. The National Medical Association was enthusiastically endorsed and also the Journal. Many of our men are subscribers to the Journal and those who were not, promised to subscribe. I hope we will hear something put forth by the Editor or the Manager of the Journal as to how much it will take to put that Journal upon a running basis. Give us either a quarterly or a monthly at two dollars or two dollars and a half. It would be more like business and we would not have to break into the routine of our sessions. Our Society brings to this Asso-

ciation greetings, and we hope to increase our membership year after year in the state as well as in the National Medical Association."

Dr. J. C. Anderson, of Plainfield, N. J., said: "We have not many physicians in New Jersey. Our state is practically new in the work in the practice of medicine. As President of the New Jersey Medical Association I bring you greetings and bid you God's speed. Our desire is that the practice of medicine in the North shall be a success. I am sorry to say we have no surgeons. You know the conditions that obtain, when a poor colored doctor has to take his patient and send him to a white hospital. Perhaps you do not see that patient in three months. I have tried to get all of the colored physicians into the State Organization; have been unsuccessful. We have an organization of about twenty-one out of about twenty-seven in the state. We propose to take more interest in the matter and see what we can do. New Jersey Association would like for you to take into consideration the bill that was introduced by Senator Owen from Oklahoma. We hope you will go on record as the National Medical Association either to indorse or condemn the idea of a National Board of Health. The New Jersey Association brings greetings. We are doing all we can to swell the Medical Association."

Dr. A. L. Thompson, of Mem-

phis, Tenn., said: "In the absence of the Vice-President and also in the absence of the regular legal delegate, I desire to make mention of the doings and workings of our society. We have in the city of Memphis, Tenn., what is known as the Physicians Pharmaceutical and Dental Association. We have about thirty as members of that organization out of about fifty physicians. We have regular monthly meetings. We select various subjects and discuss papers to the best interest of all concerned. We have instead of one meeting a month, two meetings a month. We have one special or private meeting and one public meeting; believing that in the conduct of a public meeting and selecting such subjects as interest the public and a number of the physicians and members would discuss these subjects. By so doing we got two effects: one was that we would be able to benefit the public and instruct them in many ways; and another effect was that it would cause those who were members of the local society and disinterested to fall in line. We have a regular delegate elected, who will be here later and he has the fee of five (\$5.00) dollars to pay to this organization."

Dr. Chas. Marshall, of Washington, D. C., and President of the local society, said: "Mr. President: The Medical Association of the District of Columbia, for whom I shall speak, sends greetings to this National Body and also

its fee to the General Secretary. They thought, perhaps, that the Secretary might need it before the close of this meeting. I want to say, Mr. President, that we have in the District of Columbia a very healthy society, consisting of about fifty-one members. We only carry medical men. We have also a Dental and Pharmaceutical Society in the District. We have monthly meetings every month in the year with the exception of July and August, for the presentation of papers and discussion of the same. They are mostly pathological subjects. I believe union prevails in our society. A majority of the members of the society are interested in or connected in some way with hospital work, either on the visiting staff or in some other service, and I believe all the staff are members of the Medical Surgeons. I have no hesitancy in saying that the new Freedmen's Hospital under the management of these men is the best governed institution in America today. I believe that I have no further comment to make along that line. Probably we have not all the practitioners in the city, but nearly all of them."

Dr. A. W. Dumas, of Natchez, Miss., said: "I feel it incumbent upon me to make some report for the state of Mississippi.

The Vice-president for the state of Mississippi is the only authorized delegate to represent the state of Mississippi, but I wish to bring greetings from the Medical

Association there to the National Medical Association. We want to state that the Mississippi Medical Association is a good, strong, well organized body of colored physicians, dentists and pharmacists, who are accomplishing good work for the state, and for the race as well. We are trying to inaugurate the idea of the establishment of hospitals where there are colored physicians throughout the state, in order that the colored physicians might have the opportunity to take their patients and perform the necessary operations. As has been said, it is rather difficult for colored physicians to have white surgeons to do the work for them. They carry the patient to the hospital and often you never see them again until they die or recover. So we have adopted a plan in which nearly all of us have a small private infirmary, where we do our operations ourselves. We have been very successful with the efforts put forth along that line. It is giving physicians more prestige and the people have greater confidence in them. Our state is doing what it can for the uplift of our people."

Dr. L. U. Goins, of Birmingham, Ala., said: "As Secretary, I bring greetings from our Association in the absence of the regularly appointed delegate. We have in Alabama the Banner Association of the whole country. We have a membership of one hundred and thirty-five. Our last

annual meeting was most successful. We have in the state five private infirmaries. In the Birmingham District we have been operating there for the past fifteen years. We have also an association divided into sections similar to the National Medical Association. The only difference is that our hospital association has an anti-tuberculosis association. The county in which Birmingham is situated is planning to make a vigorous campaign against tuberculosis. We have located in the immediate vicinity of the mountains, where we will segregate all tuberculosis patients, both white and colored."

Dr. Travis Johnson, of New York City, N. Y., said: "In the absence of the regular delegate I wish to state that the New York Society is in about the same condition that it was, when it reported last year. The Society sends its greetings to the National Medical Association. We have a membership of about thirty-two, consisting of doctors, pharmacists and dentists. There is an Association in Brooklyn. They have affiliated with us. They have a membership of ten. Plans are being laid for the re-establishment of the McDonald Memorial Hospital Association. They have some money which they have raised and we are hoping within the near future to have the hospital well equipped for our colored physicians. I wrote to the doctors of the upper end of the state and

asked them to affiliate either with us or with the National Body. There is one doctor in Utica, two in Buffalo and one in Albany. But I must say for New York City, it is a big place and the annual meeting takes them away from their duties. I regret to say we have not been successful numerically, in the attendance of our meetings, but we have held regular monthly meetings. Papers are read and discussed. We are very hopeful that in the coming year that there will be an impetus and the Association will progress rapidly."

Dr. G. W. Hayman, of Little Rock, Ark., said: "I can say as a delegate from Arkansas that the physicians of that state seem to be quite interested in the work of pushing the scientific side of the profession more than they have in years past. First of all I want to say that the state as well as the County Medical Association sends greetings. One thing which we have on foot and I believe that we are going to succeed in is the erection of a hospital at the city of Little Rock. There is already subscribed Two Thousand (\$2,000) Dollars and we hope that within the next twelve months to have the hospital in operation. Along the line of surgical work, we have not had the facilities of being heard or of becoming known to the world, perhaps, as many of our physicians have elsewhere, but we have in the city, men of marked ability

along that line. We have a small hospital operated by Dr. Williams at Helena, and he is meeting with success. The physicians throughout the state, while they have not the proper hospital facilities have demonstrated ability; yet as a whole, they are strangers. The State Medical Association has a membership of fifty. The physicians in the state are supplying themselves with the best medical literature, but unfortunately our Journal has not been received by them, and being from there, I wish to subscribe for the Journal before this Convention closes. I hope at our next annual session to be able to get the Secretary of the National Association to come over there and I believe he will succeed in getting every member, or rather every physician in the state to subscribe for the Journal, and it will be a pleasure for me to assist him along that line. I wish also to call your attention to the fact that we have a sanitarium in Hot Springs. Dr. Wade and others are doing capital operations. I feel that I have been benefited by coming to this meeting and hope to be present at the next session and bring fifteen or twenty physicians with me. Whenever Arkansas starts out she does her duty. Finally, I extend an invitation to you to come to Arkansas."

Dr. George W. Bowles, of York, Pa., said: "The colored practitioners in the state of Pennsylvania are connected with the Na-

tional Medical Association. The city of Philadelphia has two hospitals and many physicians. We have made success and are making success. We also have several surgeons in the city of Philadelphia, and in the city of Harrisburg, we have five or six colored doctors, who are members of the National Medical Association. I cannot speak for the city of Pittsburg, but for fear the state of Pennsylvania might not be mentioned in connection with these reports, I have made this statement."

Dr. Covington, of Texas, said: "I am glad to say that we have a State Medical Association, known as the Lone Star Medical Association. We have a local association in the city of Houston. I am not a delegate; our delegate is Dr. Hamilton. The state of Texas is in line with the National Medical Association. We have several hospitals in our state. We have annual meetings. We have a membership of about seventy-five in that meeting every year. We have been meeting at Dallas and having surgical work done in connection with our association. For the last four years we have had technical operations performed. We have a hospital and an infirmary where the physicians can perform operations. We have fourteen physicians, two dentists and five or six pharmacists and we are in harmony with the Journal and at our last meeting the Journal was discussed and

every physician subscribed for it. The physicians of Texas are doing the best they can. We have tried to keep our patients out of the hands of the white physician as much as possible. It is rather hard to do. When we get them we generally perform the operations very successfully."

Dr. R. G. Martin, of Memphis, Tenn., said: "We have quite a large society there and as its legal representative, I thought I would make an additional report. We have about thirty members out of about forty physicians. We have the advantage of two private sanitariums. Dr. Harriston owns and controls one private hospital. He does a good deal of surgical work. We never have a white physician to do anything for us. If we have anything that is too technical, we call in Dr. Wilson, a noted and efficient surgeon. Not a week passes that we do not perform three or four operations—major operations. We now have on hand the erection of an Old Folks' Home and Hospital. We had hoped that the same would have been completed in time to invite this Organization to Memphis; but just before leaving Memphis the Board of Trustees met and said it would be impossible for them to complete that building possibly before next spring and for that reason we will ask you to come in the year 1912. That hospital, when completed, will accommodate about forty or fifty patients. All the Negro

physicians of the state of Tennessee of any standing are trying to do something. I heard you say in your address that there was a tendency to call in white physicians to do the work of a colored physician. We learned some years ago to turn our backs on those who keep up that practice. We have some who continue to take in the white physician; but they are not members of our association."

Dr. Amanda V. Gray, of Washington, D. C., said: "As a pharmacist of the District of Columbia, I feel that I would neglect an opportunity, if I did not accord you a cordial welcome and invite your attention to the work the pharmacists are doing in this city. My heart is made glad to see that out of twenty pharmacists in this city, twelve have subscribed for the entertainment of this Convention. I am sure you who have followed these Conventions will agree with me that it is the most difficult thing to get pharmacists interested in a movement of this kind. We are doubly handicapped. The pharmacist must keep his place of business open practically all the time. The physician may close his office and leave on his vacation. But the pharmacist must be at his post of duty all the time. Hence it is not possible for all of us to leave. But I am delighted to see as many pharmacists present as are here today. The pharmacists of the

District of Columbia accord you a most cordial welcome. Whenever you are passing our place, we would be pleased to have you stop in and see for yourselves. We have an organization here which is small. We give you the most cordial invitation to come and see us and make yourselves thoroughly acquainted with us and may those who have not been able to do so much, become inspired to do more."

Dr. Justina L. Ford, of Denver, Col., said: "We have a deficiency in colored doctors. We have two dentists and one druggist at Colorado Springs. Being few in number we have no organization. I am very glad to be here and gain some inspiration from this meeting."

Dr. A. W. Williams, of Chicago, Ill., said: "Illinois has been in line and is still in line. We have no State Medical Society, but we have a local society in the city of Chicago. We, Chicagoans, believe everybody is worth living. We have an organization of about thirty and last April we had our organization incorporated under the laws of the state of Illinois. We hold our meetings twice a month. We have a Training School of twenty-five nurses. We have just established a roof garden for children on the third story. We have about fifteen children; one nurse being in charge. I am sorry that there are not more Chicago men here today. Of course it is quite a

long distance for them to come. I am glad to see you and shake your hands. It is an inspiration to be here. I have missed only one year within the last ten years; and if you meet in Maine or San Francisco, I shall be with you."

Address of Welcome on the part of the Commissioners by Dr. William Tindell, Secretary Board of Commissioners. (Stenographically Reported.)

"Mr. Chairman: "The object of this meeting is of special interest for all of us. We are all liable to be sick; we are liable to be injured; we are liable to have the toothache; we are liable to want soda water. And these gentlemen can minister to any of these maladies. You can, therefore, have no doubt of the sincerity of the greeting which we give them. We hope that their deliberations will be serviceable to us in the future as they have been heretofore. The District of Columbia is a peculiar status. In making you welcome here, we are bidding you welcome to your own. The people of the District of Columbia contribute about twenty-two dollars each toward the support of the District Government. The people of the United States contribute seven cents apiece. They contribute in the sum total as much as the people here, so that in welcoming you to the District of Columbia, we are merely welcoming you to

your own. The Commissioners are just as much your officers as they are the officers of the District of Columbia. And when we tell you that you are welcome to the keys of the city, we are telling you to help yourself to your own. (Applause.)

Address of Welcome on Behalf of the Social Committee by M. O. Dumas, M. D., Washington, D. C. (Stenographically Reported.)

“President of the National Medical Association,

Ladies and Gentlemen:

“On behalf of the Local Committee I extend to you our cordial greetings and bid you welcome within our gates. A year ago the Washington delegation went to Boston resolutely determined to capture the Convention for 1910. In this effort we were signally successful in extending an invitation we were mindful of the responsibilities which it entailed. Immediately upon our return we set about to devise ways and means for meeting these expenses of this, the banner Convention in the history of the National Medical Association. Owing to our favorable environment we realize that much is expected of us. Should we fail to measure up to your expectations we hope you will at least credit us with an honest effort to do our best. No event in recent years has aroused such a popular wave of interest as the coming of the National Medical

Association. It has been the household word among us for many months. In our preparations for your coming we have had the hearty co-operation of the public spirited citizens, who have given of their time and money to the end that it may reflect credit upon the community. The ladies' committee has done yeomanry service in our behalf. The Trustees of Howard University have given us the use of all the buildings on the campus; and Dr. Warfield has given us access to Freedmen's Hospital. In this welcome we include a welcome by the Trustees of this beautiful Temple, who have thrown open its doors to us all freely. We recognize in the National Medical Association, Ladies and Gentlemen, factors which contribute in a measure to the solution of the race problem. From our day of small beginnings to our present day success is no mean achievement for a race misrepresented as we are by unfavorable public opinion. We point with pride to the fact that we have measured up to the most radical requirements. Fortunate, indeed, is it for us that achievement knows no race. It must indeed be an inspiration to the men who formed that little nucleus of some years ago to contrast its beginning of that day with this. You built more wisely than you knew. When we take into account the tremendous sacrifices which our members annually make to attend these

Conventions, it is extremely gratifying to know that they are nothing in comparison with the good which accrues from them. In all of our affairs we have tried to subordinate the social to the scientific. We trust that we shall not be defeated in the purpose of the organization. During your sojourn here in our midst, we trust that you will feel yourselves welcome to all we have. We shall deem it an honor and pleasure to have you see us as we are. I hope you will take advantage of some of the places of historic memory, made so by men whom we delight to honor, such as Lincoln, Douglass, Washington and others, who have made American history. Washington is national in many respects. Here more American History has been made than in all the other states put together. We are very grateful for this large attendance here tonight to help to swell this welcome to the visiting delegates, and we trust that when you return to your respective homes that each will feel that you have been well paid for coming here."

Address of welcome on behalf of the Citizens' Committee by Judge Robert H. Terrell, Judge of the Municipal Court of the District of Columbia, 12th N. M. A., Washington, D. C.:

"Ladies and Gentlemen of the Convention: You are in the home of the Nation. For the first time in its brief, but honorable,

history, the National Medical Association comes for its annual meeting to the Federal Capital. And I by virtue of my office as Chairman of the Citizens' Committee am virtually honored by greeting you and bidding you a sincere and hearty welcome to the District of Columbia. Our citizens prominent and ambitious in the professions of law, of theology, of education, as well as those men active in business and in the service of the Government of the United States have cheerfully and enthusiastically given of their time to make your reception here in keeping and worthy of the National Capital and worthy of the dignity of the great cause which you represent. The place, the hour and the men are well met in this Convention, for here are gathered together under the dome and in the shadow of that great building in which the laws of our country are made; men who are strong in intellectual training and men who recognize the fact that the ideal of any profession must be the co-operation of all for the good of each. Along the line of human vocations there are none more useful and none more honorable than the one to which you have devoted your lives. In the field of medicine, during the last quarter of a century a marvelous progress has been made, but as we believe, that this great science is still susceptible of a mighty advancement and of unlimited growth, for life is

constantly presenting problems to you—guardians of the people's life, a correct solution of which, demands the hard study and earnest investigation of the intellect in your profession. This is no mere sentiment that attaches importance to a meeting like this; for a campaign such as the one that has been begun today involving the interchange of experiences and observations of such able men as compose your Association must be of incalculable value to those who are present and who have the privilege of taking part in its discussions and in its deliberations. As Dr. Tindell has said, you have chosen wisely; you have chosen properly in selecting the District of Columbia for your meeting place. For this is a place that belongs to each one of you as much as it does to those of us who live here all the time. It is a place whose tide of interest is also national rather than local. Here every state is represented day by day by people who have come from your homes and have taken places in the service of the National Government; and when Congress is here, the things that august body do, mean as much to you as they do to us who have no other home than the city of Washington. And, therefore, I say to you that in a sense when you step your foot upon the soil of the District of Columbia, you are walking on your own territory and you are sitting under your own 'Vine and fig tree.'

"There are many important things about Washington, but I do not believe there is anything more important than the fact that in proportion to its size, there dwells here more people that have African blood in their veins than in any other community in the world. And you will find here these people engaged in all fields of commendable endeavor, and you will find colored men doing their work on pavements and thoroughfares, as skilled and unskilled laborers. You will find colored men and women in domestic service more largely than other races and you will find them, too, in the Departments of the Government and in the Departments of the City Government and doing all classes of work, ranging from the lowest to the highest, and doing it very acceptably. In the learned professions are men who have made commendable success, because the colored people of Washington and the colored people of other places are learning that their lives, their souls and and their business affairs are as safe in the hands of colored physicians, colored preachers and colored lawyers as in the hands of the white man in the same professions. (Applause.)

"Our business men have made beginnings that are full of hope; full of encouragement and full of promise. Great things are expected of these men, but greater things are expected of us, because it is our duty to give our business

men our support first of all. (Applause.)

"It is not for me to give you advice as to how you are to conduct yourselves during the Convention period, either in a scientific way or in any other way. You know more about the ethics of this occasion than any layman can tell you, but we citizens of the District of Columbia put our faith in your mature intelligence, in your wisdom and in your experience and we fervently hope that not only our community but the communities from which you have come, may reap the fruits of the timely and wise deliberations.

"Words of welcome will be spoken to you many times while you are in our midst, but we never tire of hearing such words. I believe in the sentiment of George Elliot, when she said, 'I like not only to be loved, but to be told that I am loved. The realm of silence is large enough in the grave.' So the people will tell you now and hereafter that you are welcome and they will mean it, too. In behalf, Ladies and Gentlemen, of the Citizens of the District of Columbia, I extend to you their greetings, and I bid you a warm welcome to our city, to our homes, and when your deliberations shall have ended, may you leave here with a renewed interest in and renewed devotion to the great profession which you so ably represent." (Applause.)

Response to address of welcome on behalf of the National Medical Association by Dr. J. E. Hunter, of Lexington, Ky., 12th N. M. A. Washington, D. C.

"Mr. Chairman, Ladies and Gentlemen: Last summer in the city of Boston, our after-thoughts were more correct than our fore thoughts. It was said by some at that meeting that it would not do to meet in the city of Washington and hold a session in the month of August, because during that month the people's places would be closed while they were so-journeying at the seashore or in the mountains. But after looking over this most excellent audience of ability, culture and refinement, we find much to enjoy and especially do we appreciate the many pleasures which you have arranged for us; and we find also very many to extend us a welcome here tonight. We hope, however, some day, that you will feel repaid for this noble sacrifice by noting that your welcome here tonight has stimulated some people of this organization to give to the world a medicine that will be a panacea for all physical and mental imperfections. We are welcomed here tonight by men, many of whose parents, only forty odd years ago were made free by the clash of arms and the stroke of the pen in the hands of one of America's greatest sons, Abraham Lincoln. We are proud of our ancestors who have lived to see the development of their

sons; these ancestors who were faithful in bondage, brave in war, always ready to shoulder their guns to defend the stars and stripes and in the time of peace, they were law-abiding citizens.

"The Negro physician has a peculiar field, indeed, to work, in that his patrons differ from others in dispositions, wants and habits; also his environments, his previous condition, who, less than half a century ago started forth as a free man without books, without homes, without lands, or letters; without a knowledge of the laws of health to become citizens and make his way into the world. With this new life he went forth, but not having in his race as guiding stars, men of the highest intelligence, many of their efforts were misinterpreted. But those times have passed away and a day of hope has come, while Christian living and Intelligent citizenship will be our star of hope to guide us in taking our places among the people of the world. As little as may be thought of it the Negro physician not only has to deal with the health of his own people but that of the whites as well. Many of our patrons do service in their homes. What affects the health of our people affects all. Any physician can prevent his patrons carrying into the homes, where they work in service, any disease and to some extent we are the custodians of the physical welfare of our white people. This brings us to the

thought that in every city our physicians should insist that some of our members should be members of the Board of Health and could render to the community valuable services; for we know the conditions of our people far better than others do. Just as in the social and political questions, in the question of health, we must work for the good of our people in this matter or else we will die separately by reason of the lack of understanding conditions. The health of the people should be the paramount question with the doctors of every race. Once in a fierce battle in the Rebellion the flag-bearer of the Union army took the flag and almost brushed the enemies' van and stuck it into a little knoll. His captain saw it and remarked to the soldiers to bring back the flag but the flag-bearer said, bring up the army and he commander the forward, march and into battle they plunged. The fighting became terrific; the enemy was repulsed and the stars and stripes were floating in the air. So it is with the Medical Association, which the first speaker has outlined for us. Take the members of the National Medical Association, because the higher the ranks, the longer and stronger the arm to raise up and lift up suffering humanity and we shall show you that so long as the halls of science and the doors of opportunity and hope are not closed against us, we will never

ask that the standard be brought down to us, but we shall come up to it. (Applause.) Not only will we come ourselves, but we will teach our students to admire the high standard and look upon it for the protection of all civilization and nothing less.

"We are glad to know that men of your class, your accomplishment from our best professional men are foremost in teaching that science knows no color of men, but seeks the true basis of all scientific effort. Doctors should be scientific men, because science is more than belief or assertion, it is truth verified. Our conception is to the human family what sunshine is to vegetation. It makes the weak strong. It gives power to relieve his fellow-man from the pangs of pain. The mission of the physician is not simply to try to cure disease, but to teach people how to avoid disease. The time has come when a person who marks a man by the cut of his coat or the cropping of his beard, his diagnosis of a case is fit only for the professional junk pile. Good luck does not always come our way. I remember seeing a picture of an Irishman carrying a hod to the fifteenth story of a skyscraper; the next picture represented him as falling; the third picture represented him after falling from the fifteenth story on considering from whence he had fallen; after recovering from the dazed condition said: 'Faith it was good luck that

I didn't have me clay pipe along, I would have broken it all to pieces.' There are good lucks near in the trials of study, not only below, but high up as well.

"Greater advancement has been made in surgery than in all the past ages. Medicine has been greatly simplified and is shown by many indications. Surgery has explored the human anatomy; separated the pathological from the diseased patient. This was not accomplished until Lister and others laid the foundation of all modern surgery. We are here in the city for the purpose of deliberating upon questions which will help suffering humanity and when we return to our respective homes, we hope that this meeting may redound to the good of all; we very courteously accept your most cordial welcome."

Address of Welcome on Behalf of Howard University by Dr. Wilbur P. Thirkield, President of Howard University. (Stenographically Reported.)

"Mr. President, Ladies and Gentlemen: I deem it a great pleasure to be here this morning and look into your faces and as President of Howard University give my word of welcome to you. Howard University is a National Institution. I believe it is taking on a more international character every day. It belongs to you. You will see the changes which are going and which promise to make this one of the great-

est educational centers of the world. I want you to feel at home. I suppose that the majority of the men here are either from Meharry or Howard University. I believe I owe my identification to a visit I made to Nashville about twenty-seven years ago to attend a Preachers' Conference at which I was to speak. I was in the hands of my denomination. After looking over the work with Dean Hubbard, it took strange hold upon me. I had no more idea of going South to work than I had of going to Africa. After three months I was called South to take charge of an institution. It was an unfinished building right out in the woods; there to live in that unfinished building for three years. That was the beginning of Gammon Theological Seminary.

"For the last four years I have been identified with Howard University. We have a great Medical College here. We have not had one graduate from that School of Medicine who is not doing some useful work. We are enlarging our faculty. In our new science hall the subjects of bacteriology, physiology, and biology are taught and those wishing to do research work and investigation will have an opportunity. And we will turn out thoroughly trained and well equipped physicians for the great work that is before them. We shall have five more assistants giving their time to sciences. We

shall have a row of three splendid buildings for Howard University School of Medicine. This is because there can be no better investment than the investment in men."

Address of Dr. I. Garland Penn.
(Stenographically Reported.)

Dr. I. Garland, of Penn., said:

"Mr. President:—I usually say brothers and sisters—I thank you very much for allowing me to speak at this time. After hearing some of the papers which I have heard this morning, I am not in an attitude to say very much. I am glad to see you here and I am glad to be here. This is a very precious time in the history of my life. One man has said, beware of the beginnings of things; but we are not only to beware of the beginnings of things we ought to take cognizance of the beginning of things. In 1895 I called together the physicians in Atlanta—all that I could reach for the purpose of organizing a Medical Association that would interest the physicians all over the country. I see here men from nearly every state in the Union. You have studied and you have gone through the curriculum in some Medical School of this country; and there has been no chance for you to get into this organization: no chance for anybody to slip into this organization, only on the ground of merit and scholarship and training. When I was Commissioner

at the Atlanta Exposition, I had two things paramount to do. When I went into this work I was a young man only twenty-three years of age with the promise to my God and to my people that I wanted to show the progress of the Negroes of this country as it had never been shown before. The greatest progress which the Negro has made, the greatest demonstration of progress is not in money, for forty odd years ago, he did not own himself. The greatest progress of the Negro has been in the men and women which we have made in this race of ours. So to my mind the greatest exhibit that we as a race could make was in the exhibit of our men, and I made a proposition that there should be a representative of the Negro race on the Committee and I had the honor of nominating Booker T. Washington. If that Exhibit did nothing else it gave Booker T. Washington a chance to express himself as an American black man and to start the Negro on a new road. And then we organized the National Medical Association along side of this; and I have never done anything of which I am more proud than the organization of this National Medical Association and I have come here today to claim a little bit of share in it; and there is nothing that I am prouder of than to look into the faces of intelligent, progressive, honorable scholarly and scientific men engaged in this business and

representing us as a race along aside of other races throughout the land.

"I want to pay a compliment to the present Dean of Howard University. I congratulated him the other day. Calling him by name, I asked him, what about the Negro physician in this country and what do you think of him? He said, let me tell you something, the Negro physician in this country represents the most acute formative progress in professional men in the Negro race today.

"Now, then, I believe in organization. I do not believe in so many organizations. The Negro, if he is sensible, will organize. If the Negro does not hang together, he will hang apart. By the way, I had something to do with organization of the National Educational Congress among Negroes. If there is anything which the Negro needs it is wholesome public sentiment back of it. You talk about these Negro physicians. Why the physician who passed the best examination before the State Board of Virginia was a Negro physician. You can not keep him down. Put up all the bars you please, you can not keep him down. I believe in the providence of the Lord. We have certain burdens and responsibilities upon us. I believe that there is some sort of a Providence in the situation in the South, after all, and I believe that the working out of this sit-

uation is in the hands of the Negro and the Negro physician with his practice, with his strength, with his purpose, with his work and in his automobile. Yes, in his automobile. I have been to Conventions, attended conferences—and I am proud of the fact that I represent a great Church—but I have never been to a Negro Convention in my life and seen so many automobiles. (Laughter and applause.) When my brother said to me in Atlanta, ‘must I buy an automobile?’ I said, ‘yes,’ for the automobile shows where the Negro is going.

“Now, let me close by saying, what is the Negro physician’s relation to the Negro preacher? Let me tell you. We are having a better ministry every day than we had yesterday. There is no question about it. We have got a better people today than we had yesterday. The Negro is making more progress; he never was so high; he never was so low. His height emphasizes his depth. I was in the Atlanta Riot. I got out of it, too. I said to myself as I walked up and down in my room that night, ‘Penn, what have you done for this mob to come after you?’ I got the answer: By race identity. In spite of myself, I am linked with my brother down on Decatur Street and the lesson comes to me that I am no safer than he will let me be and that with all of our struggles upward, we have got to

touch the man in the gutter and lift him up. You may want to get away from it, for it is always the tendency of the intellectual man to want to get away from it. It would be a good thing if this organization and the Business League and other organizations would get together and compile their issues in one, namely: collect information concerning the progress of the Negro race and have that progress correlated and printed for distribution throughout this country so that we may put our case in its proper place.”

Report of General Secretary J. A. Kenney, M. D.

To the President, the Executive Board, and Members of the N. M. A.:

It has been my pleasure and satisfaction to serve this organization for six years—six of its most eventful years. I have watched it grow from its swatling infancy to its present grand proportions—stretching as it does from the Atlantic on the east to and even beyond the Great Father of Waters in the west; from the New England States in the north, to Florida, Louisiana and Texas in the south; and not content with those tremendous proportions, it has already ignored these natural boundaries, and octopus like, extended one of its tentacles way out into the Atlantic, and embraced for membership one of the Sons of the far away South Africa, now located

in the Bahamas, who recently sent his annual dues and arrearages with regrets that he can't be with us on this momentous occasion.

I accepted; not sought, the office, with some considerable misgivings, at a time when certain of its ardent supporters, among them Drs. C. V. Roman, Daniel H. Williams, John E. Hunter, Willis E. Sterrs, George C. Hall, R. F. Boyd, F. A. Stewart, and others felt that the organization needed some youthful inspiration. Why these veterans selected me, the "Kid of the Association," as Dr. Sterrs so facetiously remarked in the Nashville meeting just one year before—I could not understand. I brought to it no record of years of veteran service or experience, but I did bring to it enthusiastic labor, backed by a boundless faith in its future possibilities. Permit me to say that during these six years I have given—I measure my words—fully one-half of my time to this work—truly a labor of love. There are here present, many of those with whom I have labored with one common accord for the establishment of this work, and today, we rejoice at this partial fruition of our hopes.

A little recount here of our accomplishments seems to me not out of place: We have now 398 members, 185 of whom are financial through the year 1909, and 37 have paid their dues for 1910. 153 of these are unfinancial for 1909, and some for previous years. We

have held annual meetings in the following cities: Richmond, Philadelphia, Baltimore, New York, Boston, and Washington, D. C. We have stimulated the organization of many states and Local Societies, also the establishment of hospitals, drug stores, and nurse training schools. We have stimulated co-operation and the get-together spirit among the members of the profession, not only in the cities where we have met, but in others also. We have helped educate the laity in public health matters, by discussions and addresses for their benefit at our annual meetings. Under the auspices of the N. M. A. or some of its constituent associations and individual members, these public health moves have been carried into the church societies, and other gatherings, thus striking at the tap root of this great question of hygiene and sanitation, and health and right living. Six or eight years ago there were hardly more than four surgeons among us known outside of their individual communities. Today there are scattered throughout the country, and especially is this noticeable through the South, members of our Association doing creditable operations with good results. Some of your various committees will report numerous instances of this kind where our Negro surgeons are performing their own operations. (Here, let me deviate to say that I hope our Committee on Medical Education will give at-

tention to those instances where our men will call members of another race to do their operations and then report them as being done by themselves. There is evidence of too much of this kind of thing existing, and it should be brought to light.)

By no means the least of our accomplishments is the stimulation of our individual members to study, reading, research and investigation.

These are some of the things we have done, but our work is only well under way. The N. M. A. is unquestionably on a well established basis. It is here to stay. Our membership should now be 1,000. In five years from now it should be 2,000. Hundreds of our physicians have not yet been reached. There are too many among us who are yet asleep. There are two or three large cities with a great many physicians, that I have been unable to interest, either by my personal efforts or with the help of others. I recently secured the names and addresses of all the physicians in one state and sent literature, including the Journal, to each, and sought their alliance and co-operation. Only one out of a number of about 40 responded, and he wished to know what was the personal advantage to him of doing so. I tried to show him, but up to the present have no evidence that I succeeded. To accomplish our purpose, means a lot of hard work and self-sacrifice on the part

of a large number of our members, both officers and men.

A word about our State Vice-presidents: In the absence of a state organizer, as we should have, and even with one, our state Vice-presidents are mighty important officers. I fear in too many instances they do not realize the importance of their position. We must depend upon them to keep alive the spirit of the work in the state; to introduce it where it is unknown, and to increase our membership. These officers should be selected with great care. Some have rendered valuable service and are deserving of great commendation. I should like to mention their names, but it would not be the best policy to do so, but there are others, I am sorry to say, who, if they have helped the Association at all I should be pleased to be informed. Of course we cannot expect all of our officers to do the same kind of work we expect of our General Secretary, because he is paid handsomely (?) out of the public treasury for his service, but we do expect, and the Association should demand a reasonable service from each appointed officer.

Now as to our finances:

Our Treasurer has reported a considerable deficit. You'd be disappointed if he hadn't. You expect it each year, and you get it, and this year must be no exception to the rule. With all his other duties, should your General Secretary be expected to raise the

money for the running expenses of this great Organization? And failing to do so, must he go into his own pocket each year, as he has done for six years, in order to supply its deficiency? Should we not take steps to increase our finances? Has not the time come for the appointment of a Finance Committee to raise the funds as well as to direct the spending? Somebody should keep in closer touch with all this money. You have placed too much confidence in your General Secretary. Some day you may regret it if this thing goes on. Permit me to suggest that from this time a Finance Committee of three be appointed, of which Committee the President and Chairman of the Executive Board shall be members. This will give men more confidence in our Organization, and a stronger feeling that their money is being properly handled.

Our Finance Report for the fiscal year ending August 31, 1910 has been published in the Journal. Since that time, it is as follows: (See finance report.)

In conclusion, I want to express my sincere gratitude to the officers and members of the Association who have so generously assisted me with my part of the burden of this work. While it would be manifestly out of place for me to attempt to mention the individuals, I believe you will tolerate my mentioning three or four of them. I believe I am expressing the sentiment of the Organization when I

say, we are proud of our President. He has been most helpful, and I am sure has the interest of the Association at heart. In my opinion, the Executive Board did itself credit when it placed at its head our efficient and energetic, and enthusiastic Chairman, Dr. G. E. Cannon. He has been untiring in his efforts to increase the standing and efficiency of our organization.

Lastly, those who have at any time acted as Chairman of the Local Committees for entertaining the N. M. A. can sympathize with Dr. W. S. Lofton, our Vice-president, who has for several years proven himself a veritable bulwark for the Association, and in this present instance, with the invaluable assistance of his co-workers, has done himself credit, and placed the Association under a lasting obligation for so successfully arranging this meeting. I want to thank him and Dr. Cabaniss the State Vice-president of the District of Columbia, personally, for their valuable assistance to me and through them, the Local Committee for all the help rendered.

Durham, N. C.

Dr. Kenney:

Can we have a commission, either the one on tuberculosis or a new one, to study how to help the people to live right?

I will be in Mississippi and Louisiana next winter, and a little later in Alabama. Will you stir

the folks up to get ready to help? Would like to have a committee from your Association to help in Mississippi, Louisiana and Alabama. We might have a joint meeting in Mississippi, say at Jackson, or where you think the most of your Association and others could come. This would include Arkansas and Texas, I suppose.

E. G. R.

Dr. J. A. Kenney, Charlottesville:

Dear Sir: I now face the necessity of staying longer at this point where I am getting off some last work before really getting an actual vacation. I am very sorry. leaders have learned to use the I wanted to see and meet your body of professional men and women. Then I had hoped to submit some suggestions which could best be stated in person, but which in less happy form, I trust may later appear in your Journal. At any rate, let me send this message: 1st: for the profession, for the race, for the nation, for mankind, do everything now and hereafter as will set up in practice the highest of professional standards. 2nd: for the race and for the nation, let your several professions accept the burden and responsibilities, the joys and privileges of leadership. As I see it, the overwhelming need of the Negro race is a new leadership; a leadership which shall conserve and utilize the educational and social resources of the more famed members of the race that the less

favorable may be reached. A leadership in teaching and preaching, right living right now, and not one man alone or one family alone but the neighborhood, the district, and the town.

The race shall develop some splendid leadership in certain directions; witness this very meeting, and the recently closed meeting in New York, and all such help the home and the body, but the need is for something more definite, more frank in its acceptance of conditions, more prophetic in its vision of possibilities, more practical in its methods, more keen in its understanding, that the great, far-reaching work must probably come because the leaders have learned to use the pulpit, the public school, and the church and women's societies. Here are the prepared tools awaiting the master workman! Will you accept the job? I cannot now tell of the plans—how to use the tools, but this is easy if one has the workmen. What are you going to do about it?

Cordially,

E. G. T. ROUTZAHN,
Director of the American Tuberculosis Exhibition.

We desire to call the attention of the members of the N. M. A. to the fact that at the recent meeting of the N. M. A., the Executive Board recommended and the body adopted the provision, that all members of the N. M. A., who are in arrears after six months

from this publication shall be dropped from the roll, and not considered as members further. Any member so dropped may be reinstated only after paying up all arrearages. We regret exceedingly to take this step, and sincerely hope that every member who is now in arrears will come forward promptly and pay the same so that we may not have the necessity of dropping his name from the roll.

Report of W. G. Alexander, M. D., Associate Editor.

Orange, New Jersey,

August 18, 1910.

To the Executive Board of the National Medical Association:

Dear Sirs: I regret very much that I am again compelled to send in my report rather than make it in person; but illness compels me to be absent at least the first two days of the session.

I am very grateful to the Board, through Dr. Roman, Editor-in-chief, for the appointment as an Associate Editor. My work as such has not been all that I could have wished, nor all that I expected to do in the beginning; but an exceptionally strenuous winter called so heavily for my time that I could not devote the attention to the work as I desired. My contribution to the Journal has consisted of the brief paragraphs under the heading "Items of Interest." (That is, a part of them.)

Whether this matter has been of any essential value to the publica-

tion is more than I can guess; but it appears to me that items of a "personal" nature (if not too personal and eulogistic) would at least serve to keep many of the men in touch with each other. My suggestion for this line of work was approved by the Editor. To get these items I had printed and sent to various men in different parts of the country the enclosed circular letter. It required a good many of these letters to get a few answers; and only one man has favored me with a regular letter for each publication.

I wish however to express my gratitude to the following for their contributions: Drs. Gamble, A. W. Williams, R. C. Harrison, C. L. Carter, F. R. Trigg, P. J. Taylor, C. H. Shepard, P. A. Johnson, C. W. Childs, and W. H. Wright.

Possibly fifty others were appealed to for "matter"; some promised but apparently forgot; others evidently consigned the valued communication to the disgraceful oblivion of the waste basket. Much of the matter received was highly complimentary to the senders. This was, of course excluded; the following is an example: "Dr. (the name of the writer) has just bought another house on -----St., one of the principal streets of the city. Dr. ----- is the only Negro owning property on C St. east of the railroad bridge; this model home has steam heat, baths, electric and gass (actual spelling) lights, with

a large flower garden. He also owns a large two family house with all improvements on W. St, this being the only house owned by a colored man on this residential street." This was the only item he sent.

As for the essential features of the Journal they speak for themselves, and too much credit cannot be given Drs. Roman and Kenney. How Dr. Kenney can devote so much time to the Journal, keep up his practice and still live is a mystery to me. The Board cannot give too many thanks and too much encouragement to these two officers.

The Journal in a sense has been like "Topsy," "just growed" for so far as I have been able to learn no definite policy or even serious consideration of the policy to be pursued has been seriously considered by the Board. This to my mind is a grievous error; for the Journal, if it is to live, must be the mainstay of the Organization. Some policy of conduct, both for maintenance and promotion, must therefore be considered. Just a single supposition: Suppose that Dr. Kenney became incapacitated or disabled, what provision is there to insure the issue of the Journal? It appears to me that some man close to him should be broken in as an "understudy" so as to be prepared for the unexpected emergency. By close to him, I mean as to distance. I think that the Board can see the wisdom of the suggestion I made last year: that

the business end of their publication be centered on one man. The increase in advertising in the last year has shown the wisdom of this.

The expenses incurred by me have been approximately \$12.00; the bill for this will be rendered when the Organization is rich enough to pay the same. The Board must not however consider itself under any obligation to me for this. If it thinks that I am of any service to the publication I am glad to serve in any capacity; if it is believed that it can just as well dispense with my service, I shall not feel offended but will always hold myself ready to perform any service that I conscientiously can.

Yours sincerely,

(Signed) W. G. ALEXANDER.

Report on Journal by Editor C. V. Roman, M. D.

After another year of arduous effort I come again to speak of the Journal.

In the Salutory two years ago, four reasons why this society should have a Journal were set forth, namely:

1. Every intelligent society needs some means of communication among its members if coherency and progress are expected.

2. Many of the papers read at our meetings are worthy of permanent record.

3. Members who cannot attend, and many who can and do attend would like to study at leis-

ure some of the thoughts advanced at the meetings of the Association.

4. A means of communication and prospect of permanent record would quicken observation, stimulate research, and make original investigation a pleasure.

To these I wish now to add:

1. The necessity of an accurate and impartial collocation of the facts about Negro vitality—his immunity from disease—his susceptibility to disease—his propagation of disease

2. There is an epidemic of pseudo-scientific writing inimical to Negro race appearing in the periodicals of the country. Medical publications form no exceptions. See A. M. A. Journal, Mar. 12, '10, American Journal of Clinical Medicine, Jan. and Feb. 1910. Also Journal of N. M. A., Vol. I, No. 4, and Vol. II, No. 3. An increasing prejudice against Afro-Americans is the legitimate fruit of this unholy propaganda, which consists sometimes in a misstatement of facts, sometimes in the suppression of friendly facts, sometimes giving an undue prominence to facts detrimental, and sometimes in downright falsehood. A sane, calm and forceful presentation of all the facts is the best corrective.

For these and many other reasons the N. M. A. should have a Journal. Since 1908 we have been trying to supply that need. The staff has been thoroughly harmonious, and each I think, has done

his best. The burden, however, has rested mainly upon Dr. Kenney and myself. We have done our best to deserve your patience and co-operation, and make the Journal useful and permanent.

Unfriendly criticism, though of ten exasperating and discouraging is frequently prescient and truthful. From my last report I quote:

"Two colored men of wide, varied and long experience in the printing and publishing business, declared the Journal would not succeed for the following reasons:

"1st. As a class colored doctors do not read.

"2nd. Those who do read have no interest in race publications. If they read them they will not pay for them.

"3rd. They have little professional interest—none of that altruistic spirit that has made medicine one of the greatest professions that ever engaged the heart and brain of man.

"4th. Lastly, the Journal is too high class for the clientele. The standard is too high for the colored medical man."

After two years in the editorial chair, I am neither dismayed nor discouraged and am still unwilling to accept either of the four propositions above stated as "the whole truth and nothing but the truth." I, however, have discovered the obstacles that led to these dismal conclusions. The difficulties of the business office have furnished the revelation. PRINTING and CIRCULATING

are the "hidden rocks" in the troubled sea of journalism. Postage must be paid and printers must eat. Hence no publication can continue long without cash—good hard cash. Notwithstanding the Editor works for nothing, boards himself and travels at his own expense from Nashville, Tenn. to Boston, Mass., to report on the work. The business office must be sustained better if our publication is to become permanent. I was elected Editor in 1904 and could not see my way through the business end of it, and so stood still. In 1908 Dr. Kenney was given the commission, but hesitated about the editorial end. He came to Nashville and proposed a combination which I accepted, and the Journal is the result.

Two things that are perfectly reasonable will relieve the business office.

1. Every one should read and talk about the Journal. Tell all your friends about it. Get every physician of your acquaintance to subscribe for it. Try your friends among the intelligent laymen, ministers, teachers and lawyers. You will be surprised at the results. This will make the Journal a force for good, and make a monthly a possibility; though a good quarterly is better than a poor monthly. It will have to reach a paying basis as a quarterly first.

There are many of our members well-to-do who could easily give from five to fifty dollars for

a year or two, to put so necessary a race bulwark in position. Is it possible that none of our well-to-do physicians have enough foresight, altruism, professional pride or patriotism to lead off in this matter? Who will be the first?

I do not think there is another man among us who could have done what our business manager has done—only the most favorable environment, energy and self-sacrifice have enabled him to pull through. He has fulfilled nobly his part as Associate Editor, helping in all of the departments, and doing practically all of the proof-reading. In addition to this he has borne the financial burdens of the publication. I have done what I could to help, but the burdens have been mainly his, but he cannot continue without help. Members of the N. M. A., what will you do? There is a deficit in the business office. Won't you lift it NOW? (Who will give \$50.00? \$25.00? \$10.00? \$5.00? \$1.00?)

The editorial office has sustained itself financially and contributed to the business office.

I think the Association should pay the expenses of the business manager.

In conclusion I wish to express my gratitude for the general esteem and co-operation extended me by members of the profession wherever I have met them.

I wish also to thank my Associate Editors for cordial co-operation and support.

We fear that our members do not sufficiently appreciate the matter of the number of exhibitors which we have with us at our annual meetings, nor what it means to get them there. I am sure if we were to stop for a moment and think, we would realize that they are not there for fun; that it costs them money to be there, also that it costs the Association considerable effort to have them come. In order that their presence may be profitable to themselves and to our Association, and that we may be able to increase their attendance with us, it is very essential that each and every member should do his and her share in patronizing these exhibitors, by inspecting what they have to display. Also if anything is shown which you have need of, and which seems to meet your demands, with prices suitable, that you will not hesitate to purchase, or to place your bona fide orders for the same.

In this same connection we are asking that our members will patronize those firms that exhibit with us, and that take advertising space in our Journal, and in doing so, will mention the fact that they saw their product on exhibition at the N. M. A. meeting, or their advertisement in the columns of the Journal. By so doing you will help the Journal, and the Association immensely because it will give these firms more faith in the organization, and they will be more liberal with their support,

by way of advertising in the columns of the Journal and exhibits on display at the annual meetings.

At the recent meeting of the National Medical Association held in Washington, D. C., Dr. Austin M. Curtis, of Washington, D. C., was elected President. Other officers elected were as follows: Vice-president, Dr. William M. Slowe, Philadelphia, Pa.; Pharmaceutical Vice-president, Dr. Harry S. Pope, Baltimore, Md; General Secretary, Dr. John A. Kenney, Tuskegee Institute, Ala.; Treasurer, Dr. A. Wilberforce Williams, Chicago, Ill.; Chairman of the Executive Board, Dr. George E. Cannon, Jersey City, N. J.; Chairman of the Surgical Section, Dr. Arthur M. Brown, Birmingham, Ala.; Chairman of the Medical Section, Dr. J. J. France, Portsmouth, Va.; chairman pharmaceutical section, Dr. W. A. Jones, Winston-Salem, N. C.; Upon the invitation of the Tide Water Medical Association, the next session will be held at Hampton, Va., the last week in August, 1911.

Beginning with January 1, 1911 the membership in National Medical Association will be \$3.00 per year, including the Journal, where both are paid for at the same time. The price for Journal singly will be \$1.00 per year in advance.

Central Pennsylvania Medical Society.

Dr. C. L. Carter of Harrisburg,

Pa., who is Pennsylvania State Vice-president of the National Medical Association, was the founder and organizer of this Society. Dr. Carter, who is very enthusiastic over the work of the National Medical Association, called the meeting to order at the office of Dr. Stephen J. Lewis, 509 N. Fourth Street, Friday, September 16, 1910.

Very eloquently he outlined the work of the organization. After an enthusiastic speech he suggested the election of officers. Dr. Carter acted as temporary chairman. The following officers were then elected:

President, James E. Foster, M. D., Harrisburg, Pa.

Vice-President, Stephen J. Lewis, D. D. S., Harrisburg, Pa.

Secretary, A. Leslie Marshall, M. D., Harrisburg, Pa.

Treasurer, H. Edward Parson, Phar. Dr., Harrisburg, Pa.

The Executive Board was then

elected. It consisted of the following:

Chairman, Chas. H. Crampton, M. D., Harrisburg; Geo. Bowles, M. D., York, Pa.; C. L. Carter, M. D., Harrisburg, Pa.

The Committee on By-laws and Constitution was appointed by the President. It consisted of the following:

Dr. Stephen J. Lewis as chairman, and Dr. C. L. Carter. The rest of the committee consisted of the President and Secretary of the Society.

Dr. J. E. Foster in a brief but eloquent speech outlined the work of the Society, and desired a hearty co-operation of every member.

After completing some minor details, the meeting adjourned to meet two weeks hence at the office of Dr. Stephen J. Lewis.

SECRETARY,

A. Leslie Marshall, M. D.

God Bless the Duke of Argyle

Is the title of a most interesting little booklet dealing with a philanthropical feature of this benevolent Scotch Duke's life. The author's handling of this subject and his manner of associating it with the medical profession is the most clever piece of commercial literature we have ever seen, and if read and observed carefully, it cannot fail to prove both profitable and interest to the Medical Profession.

Dissecting this little booklet from the standpoint of a medical editor, is like making a new robe out of old material. The finished product is so bright, so radiant and so refreshing,

that one wishes he had more of it; if for nothing else than to disinfect the contagious, imagination of medical, surgical, and chemical theories. It is the mingling of the primitive past with the positiveness of the present. It drives the skeleton, which is the doubt as to the wisdom of modern principles of medical practice, from the brain of man. Its commercial references are admirably blended with truthful deductions.

The little booklet is written and published by J. S. Tyree, at Washington, D. C., and is for free distribution.

SURGICAL CLINIC: FREEDMEN'S HOSPITAL
12th Annual Meeting N. M. A., Washington, D. C., August 23-25, 1910

NAME	AGE	SEX	DIAGNOSIS	OPERATION	OPERATOR	DATE DISCHARGED	RESULT
August 23, 1910							
Julia McIntosh	20	F	Lacerated perineum and bilateral hydrosalpinx.	Perineorrhaphy-Bilateral sal-pingo-oophorectomy	Curtis ..	9-10-10	Cured
Clara Whitney	23	F	Fibroma uteri and cystic ovaries	Hystero-Salpingo-oophorectomy (supravaginal)	Curtis	9-15-10	Cured
Cora Nichols.....	26	F	Fibroma of ovaries.....	Bilateral Salpingo-oophorectomy.	Curtis	9-10-10	Cured
August 24, 1910							
Alice Williams	30	F	Inguinal Hernia (rt).	Hernioplasty (cocaine anesthesia)	Carson.....	9-11-10	Cured
John Simms	25	M	Cholecystitis.....	Cholecystostomy .	Carson	9- 3-10	Cured
Sampson Braxton ..	45	M	Bilateral inguinal hernia.....	Hernioplasty	Jack	9- 8-10	Cured
James Jackson.....	50	M	Hypertrophy of Prostate	Perineal prostatectomy.....	Jack	Remaining	Improved
August 25, 1910							
Bertha Steward....	25	F	Fibroma uteri and pyosalpinx....	Hystero-salpingo-oophorectomy..	Warfield	9-10-10	Cured
Elizabeth Braxton..	34	F	Fibroma uteri and dermoid cyst right ovary	Hystero-salpingo-oophorectomy..	Warfield	9-10-10	Cured
Maggie Mozone ...	23	F	Bilateral pyosalpinx and chronic appendicitis.	Bilateral salpingectomy and appendicectomy.	Carson	9-11-10	Cured
Maria Smoot	37	F	Carcinoma Cervix.....	Amputation cervix.....	Warfield	9-10-10	Improved
Frances Duckett...	27	F	Ovarian Cyst.....	Post colpotomy and drain.....	Warfield	9-10-10	Cured
August 26, 1910							
Mamie West	13	F	Suppurative Appendicitis.....	Appendicectomy	Jack	10-4-10	Cured
Addie Spencer.....	50	F	Carcinoma breast	Radical extirpation.....	Carson.....	9-10-10	Cured
Annie Davis	45	F	Carcinoma cervix.....	Panhyterectomy	Carson.....	9-28-10	Cured

Of Interest to Dentists

Oration on Dentistry

**By CHARLES H. ROBERTS, D. D. S., New York, N. Y.*

Mr. President, Members of the National Medical Association, Ladies and Gentlemen:

The narrow contracted field which the dentist occupies in the medical world and the lack of dental knowledge so often exhibited by the average physician have prompted me to select for my subject "A Broader Knowledge of Medicine for the Dentist and a More Definite Knowledge of Dentistry for the Physician."

It is not my object to criticize or to find fault, but in the short time allotted me I wish to call your attention to conditions as they exist among us at the present time. Does the dentist live up to the title of D. D. S., Doctor of Dental Surgery? Does he perform the ordinary surgical operations connected with the jaws and face? He would not attempt to reduce a simple fracture of the lower jaw or to reduce a subluxation of the inferior maxilla. If a patient enters the dentist's office with an unusual enlargement on the alveolar process the cause of which the dentist does not know, the patient is advised to visit a surgeon. If it happens to be the case of an epulis, ranula, lacerated cheeks or lips, the patient is

sent at once to a physician. The same holds true in ordinary pathological conditions of the mouth. All of this work which is strictly in the dentist's field, is passed up, and the dentist patiently waits for an individual to appear with an aching bicuspid or in search of a lost molar. Is it any wonder that he occupies a small place in the professional world? Is it any wonder that the public does not reckon with him more seriously? If the dentist is to be credited with the degree of efficiency which his title proclaims, these conditions must not longer obtain. He must demand higher respect by rendering greater service.

In order to accomplish the greatest amount of good in the dental profession one must have an accurate knowledge of the conditions which contribute to the formation of the facial anatomy and also of the influence exerted by any abnormal organ in that vicinity. Let me give you an example of how one part of the facial anatomy may be influenced by another. Fish-mouth, nose-pinch-ed expression of the face, mouth breathing with dry tongue and throat and malposed teeth are di-

rectly traceable to the influence of hypertrophied tonsils and adenoids. Along with the physical effects of adenoids, the mental dullness of the child is little short of stupidity. I wish to emphasize the mental effect as it is more liable to escape notice than the physical.

In the schools of New York City a number of children suffering from adenoids were observed and carefully graded, and it was found that they were not up in their studies to the average child not suffering from this disease. A number of children were given a memory test—a certain number of objects were mentioned and then the pupils were asked to re-name them from memory. After this the nostrils of each pupil were partially closed and the same tests were applied. After repeated trials, it was clearly shown that the pupil could not remember as well with closed nostrils as with open nostrils. Such was practically my own experience as visiting dentist to an orphan asylum in New York City. Yet in the face of this, I have known dentists to spend many weary months in adjusting appliances of torture on his patient's teeth, trying to bring about a proper occlusion of the teeth and a decent expression of the face, when the same and in fact better results would be accomplished by nature had the diseased adenoids been removed at the proper time. Such cases, and especially those of children, are

brought more frequently to the notice of the dentist than of the physician. If the dentist does not care to operate, he should at least be able to recognize these conditions and in fact recognize any disease that may manifest its presence through the oral cavity and warn the physician of its approach.

This is truly an age of prophylactic medicine and the dentist, like the physician, will be called upon to prevent diseases which he cannot cure. A broader knowledge is what we need. One cannot ward off an impending danger that he knows not of.

There has been a movement on foot in some foreign countries for years to compel dentists to be graduates of medical colleges, and the same movement is gaining supporters in the United States. Laws have been formulated to that effect in one state already. This is only an effort to qualify the dentist to do the work that he is being called upon to do.

The departments of health are daily calling upon the dentists to do their share in aiding in preserving the health of school children by giving aid to the physician. This is a call for a broader knowledge of medicine for the dentist. We can aid the physician in his work by pointing out to him things that we have observed as specialists that have escaped his notice as a general practitioner, for example, defective hearing, defective vision, head-

ache, facial neuralgia tic douloureux are frequent results of decayed teeth. Inherited syphilis, rickets, eruptive fevers, i. e., measles, scarlet fever, leave their marks upon the teeth, and gout and rheumatism make their appearance in the mouth first.

Until the dentist has learned to recognize the abnormal and diseased conditions arising in the oral cavity, to diagnose the systemic and constitutional diseases that make their presence known by signs and symptoms developed in the mouth and warn the physician of the disease which he (the dentist) can't cure, he hasn't done his full duty. He can go a step further and aid in the development of sound teeth also preventing hair-lips and cleft palates.

If teeth can be injured while in the process of development they can also be aided in the process of development. If hair-lip and cleft palate can be produced they can also be prevented. Why not begin the care of the teeth before the child is born, about the sixth week of intra-uterine life? At this time the jaws and teeth are being shaped and formed. The expectant mother should be supplied with foods that contain an abundance of the elements of which teeth and bone are composed, and it would aid much in the proper development of those structures. The cleft palate has been produced by actual experiment on animals. The animals selected were lions and tigers, males and

females. They were fed on boneless meat for the space of three years. After that time their litter were born with cleft palates, showing clearly that the condition was brought about by a deficiency of lime salts mainly.

I think I hardly need to illustrate further in order to impress upon you the necessity for a broader knowledge of medicine for the dentist. This lack of breadth and depth of scientific knowledge applies alike to dentists and physicians differing only in degree. In the case of the physician it is far more serious. In cases of great seriousness the dentist with quite limited knowledge may appeal to the physician for aid, but when the physician with little medical skill is called into a case with which he is unable to cope, there is no one to whom he may appeal—only a little mound in woodland. The physician should know dentistry in order to advise parents when dental services are needed. Many cases are sent to dentists not because the physician knows what should be done but because he does not know how to do it. This is not intended as a reflection on the great profession of medicine nor upon this great body of highly trained and well educated physicians, and I trust it will be accepted in the kind of spirit in which it is meant. The lack of able medical men has been brought to the attention of the world in a manner too forcible to admit of refutation.

"For twenty-five years," says the Carnegie report, "there has been an over production of ill-trained doctors, and that many of the schools which have turned out these doctors are a merace to public health. This condition applies to dentistry as well."

Without stopping to discuss the veracity of this report which we do not doubt, the evils resulting from such conditions can be seen at a glance; it lowers the dignity of the profession. It lowers the standard of medicine. It prevents the capable physician or dentist from obtaining a just fee; and last of all, it places the public in the hands of incompetents, ignorant professional men who menace public health and multiply the death-rate.

In the field of medicine and dentistry new conditions are being brought about and it is to meet these new conditions that I make a plea for a broader knowledge of these subjects.

The dentist of today is expected to keep the oral cavity and its structures in a normal state of health as nature has planned it, and to prevent deterioration and decay as well as to repair and restore lost members of the dental arch. The physician of the present and future will be called upon to follow as nearly as possible the plans of nature in restoring his patient to health and strength. Sunlight, open air, exercise, water within and without (nature's remedies) already take the lead in the healing art. The day of the shot-gun prescription, the pill-peddler and the tooth carpenter is on the wane.

If we are to do our full duty and fulfill our obligations to our fellowmen, if we are to help mankind to live out his three score years and ten in peace, it must be through a broader knowledge of our professions.

A good opening for a dentist may be found at the Tuskegee Normal and Industrial Institute. Anyone desiring to locate here may correspond with the Resident Physician, at Tuskegee Institute, Ala.

Society News

The first regular monthly meeting of the Medico-Chirurgical Society of Greater New York was held at 334 W. 59th St. Friday evening, October 7th.

The following officers were elected for the ensuing year and were installed.

President, Dr. E. P. Roberts; Vice-President, Dr. G. E. Marshall; Secretary, Dr. James E. Cabaniss; Treasurer, Dr. A. S. Reed; Censor, Dr. R. C. Fraser.

In order to stimulate a greater interest in the Society's meetings it is planned to inaugurate Clinical demonstrations during the year. At the November meeting Dr. R. A. Taylor will give a demonstration in Physical Diagnosis. Dr. E. P. Roberts will present a very interesting case of Osteo Sarcoma of the Mandible. The paper of the evening will be presented by Dr. R. C. Fraser; subject: "Inflammations of the Respiratory System."

We are in receipt of the minutes of the Lone Star State Medical, Dental and Pharmaceutical Association of Texas, proceedings of its meeting held in Houston, November 9, 10, 11, 1909. It is very neatly arranged, on good paper, and gives an excellent detailed report of its meeting. The officers for the present year are:

President, N. J. Atkinson, M. D., Greenville; Vice-President,

R. F. Ferrill, M. D., Houston; Secretary, R. T. Hamilton, M. D., Dallas; Assistant Secretary, N. T. Wallis, D. D. S., Ft. Worth; Treasurer, Miss A. E. Hughes, Ph. C., Clarksville.

Institute, W. Va., July 5.—The fourth annual session of the West Virginia Medical Society was called to order June 28, at the West Virginia Colored Institute, at 2 p.m., by the president, Dr. B. F. White, of Montgomery.

The meetings were held in Hazlewood Assembly Hall and each public session was well attended. Much interest was manifested in the publicly discussed papers, even by the laity.

Introduced by Dr. White, President Prillerman welcomed the disciples of Euscalapius in a brief but cordial speech.

When he had taken his seat amid generous applause, the chairman introduced Dr. H. F. Gamble, who, in his characteristic way, fluently responded to the Address of Welcome.

At the morning session, from which the introductory exercises were postponed until evening on account of the fewness of numbers, the strictly technical papers of especial interest to the doctors, were read and learnedly discussed.

By special permission of President White and the unanimous

concurrence of the members, quite a number of the interested laity were admitted to the meetings.

After the response of Dr. Gamble, Dr. E. Johnson, of Huntington read a paper entitled "Typhoid Fever, Diagnosis and Treatment." This paper called forth friendly but spirited criticism from his associate medics, led by Dr. H. F. Gamble. The amount of remedial wisdom displayed by the physicians in these and subsequent discussions opened the eyes of the teacher to the amount of erudition the visiting doctors possessed.

The paper by Dr. Hopkins, of St. Albans, was discussed in a strictly medics session.

A second session of this representative body was called to order by the chairman, Dr. White, Wednesday morning. Drs. C. H. Gray and R. L. Jones of Charleston, were among the new arrivals. Much more interest was manifested in the deliberations of the meetings than on the previous day. The program of the morning was as follows: "Common Diseases of the Eye; Diagnosis and Treatment," Dr. Holley, a prosperous physician of Bramwell. "New Treatment of Hemorrhoids," Dr. C. C. Barnett, of Huntington. "Immunity and Infections," Dr. R. L. Jones, of Charleston. "Endometritis: Diagnosis and Treatment," Dr. W. C. Lawrence of Montgomery. "Backache in Women, Causes and Treatment," Dr. G. W. Holley of Hinton.

The papers that excited the most favorable comment were those from the trenchant pen of Drs. R. L. Jones and W. A. Holley. These were so well suited for general enlightenment and absorption that owing to special request of the assembled teachers, their reading was repeated at the evening session.

The only new additions to the program of the night session, was a paper on Tuberculosis prepared by Dr. Whipper and read by S. H. Guss. This paper especially appealed to the teachers, and when the President offered the freedom of comment on the paper to the laity, D. Webster Davis clearly expressed the merits of the paper as applied to the teachers' profession.

During the intermission, Miss Maude Robinson, by request, sang a pleasing ballad entitled "A Whispered Vow."

At this juncture the result of the election of officers held at a previous meeting and the selection of the next place of meeting were announced as follows: Dr. E. Johnson, of Huntington, President; Dr. W. A. Holley, of Bramwell, Vice-President; Dr. R. L. Jones, of Charleston, Secretary and treasurer. At the invitation of Dr. Holley, who brought greeting from the profession and the citizens of Bluefield, the Society unanimously voted to hold the next session there the first week in June, 1911.

The following resolutions were also adopted by the Society:

Whereas, President Prillerman of the West Virginia Colored Institute, and C. E. Mitchell, Business Manager, have done all in their power to render the visit of the Society, pleasant and hospitable, and

Whereas, the Society is made to feel perfectly at home by the cordial welcome and thoughtful arrangements for our pleasure and comfort, be it

Resolved, That the Society thus express its appreciation to the worthy President and efficient business manager for their kindness and thoughtful consideration; be it further

Resolved, that these sentiments be made a part of our permanent records.

President Prillerman and Business Manager Mitchell had made the necessary preparations for a reception to the doctors and teachers in North Hall. There after an hour of social intercourse, ices were served.

The Medical Society closed its session with \$25 in the treasury after all expenses had been liquidated, showing a successful and profitable year. All the physicians left for their homes with pleasant recollections of their visit.

American Proctologic Society, Twelfth Annual Meeting, held at St. Louis, Mo., June 6 and 7, 1910.

The President, Dr. Dwight H.

Murray, of Syracuse, N. Y., in the chair.

Officers elected for the ensuing year: President, George J. Cook, M. D., Indianapolis, Indiana; Vice President, Jerome M. Lynch, M. D., New York City, N. Y.; Secretary-Treasurer, Lewis H. Adler, Jr., M. D., Philadelphia, Pa.

Executive Councils: Dwight H. Murray, M. D., Syracuse, N. Y., Chairman; George J. Cook, M. D., Indianapolis, Indiana; Louis J. Hirschman, M. D., Detroit, Michigan; Lewis H. Adler, Jr., M. D., Philadelphia, Pa.

The place of meeting for 1911 will be at Los Angeles, Cal., exact date and headquarters to be announced later.

The following were selected Honorary Fellows:—Mr. F. Swinford Edwards, Mr. W. W. Wallis, and Mr. P. Lockhart Mummery, and Mr. W. Ernest Miles, all of London, England.

The following were elected active Fellows of the Society:—Dr. Horace Samuel Heath, 320 Temple Court Bldg., Denver, Col.; Dr. Stanley G. Zinke, 222 Fifth Ave., Leavenworth, Kansas; Dr. Granville S. Hanes, Masonic Temple, Louisville, Ky.

President's Address, "Undergraduate Proctology," By Dwight H. Murray, M. D., of Syracuse, New York.

After thanking the Society for the honor conferred upon him in making him President, he made some recommendations as to its

future before taking up the formal subject of his address.

He considered that the American Proctologic Society stood for a high class of scientific work and the best that there is in Proctology. He believed that it would be for the best interests of the Society that the program of future meetings should be made up of a symposium, or possibly two, with essays that shall treat thoroughly some selected subject or subjects, and that these papers be written by men whose part in the symposium should be assigned to them by the executive committee. He suggested that the program should not be too crowded and that sufficient time should be given for a full discussion of every paper and subject presented.

He believed that a volume or year-book of the American Proctologic Society containing a symposium with additional papers of merit such as would be presented by experts in proctology, could be made of great value to the profession and would be sought after by general practitioners. He believed that it was of the utmost importance to the Society that the transaction be published yearly as it would be a decided step backward to omit the publication no matter what its cost might be.

A recommendation was also made regarding the limitations of the field of the proctologist. He believed it to be true that the

ethical practice of proctology was too narrow a field in which the specialist could gain a competence. He, therefore, recommended that this Society take up the question of the limit of proctology as a specialty and that it be changed to include diseases of the small intestines, in other words, that proctologists become procto-enterologists in this way every member of the specialty would be doing uniform work.

He then proceeded to take up the main subject of his address "Undergraduate Proctology." He believed that the specialty was rapidly assuming the importance which is its due, in spite of the opposition it has experienced from the general surgeons who have seemed to look upon it as an unwelcome invasion of their field.

He considered that one of the most important duties of the Proctologic Society was an educational one. He hoped that with the increasing appreciation and demand for this kind of special work, that the colleges would take up the subject in a manner which its importance demands, and that if the medical colleges did not educate the profession in this branch of medicine, the members of the Proctologic Society must do it. He put forth the claim that the field of medicine and surgery is too large to admit of any man becoming an expert in all branches. This is an age of specialties and the very limita-

tions of a specialist make an expert of him.

He believed that proctologic teaching in colleges should be done by men learned in the specialty and not by general surgeons who only teach in a desultory manner, so that when the students are graduated they go forth to the practice of their profession in fully seventy-five per cent. of the cases with little or no knowledge of this line of work.

He then proceeded to prove this point by a statistical report showing the answers to questions which he propounded in a communication to fifty of the most prominent colleges in the United States and Canada. The answers to those questions show conclusively that a very large percentage of the college faculties believe that proctology is of minor importance and that it is not necessary to give the student any special training in the subject.

In order to prove his point he found it necessary to communicate with a large number of physicians including specialists in various branches and men who had graduated during the years from 1873 to 1905. He sent communications to these men asking them to answer certain questions which would show whether they believed they would have been better prepared for their practice and have been better able to treat their patients, if they had been given instructions in this line of work.

90 per cent. of the physicians answered the questions in the affirmative, which he believed told the story from the standpoint of the physician. This gave him good comparison from the standpoint of the college faculty on one hand who feel that they know the subjects in which the student should be trained at the beginning of his life work, and from the standpoint of the physician on the other hand who is in the midst of his life work. These answers show that physicians believe that colleges should devote less time to major things in specialties and surgery, and instead give their students more definite and practical instruction in proctology.

Dr. Murray then presented the questions and answers from the college faculties and physicians in tabulated form. He did not claim that the work of the eye, ear, nose and throat or of any of the specialties was unimportant, but he did maintain that the time given to these specialties should be shared in a proper way with proctology, which would not detract from the importance of the older specialty but would recognize the importance of proctology. At the same time this would put the young graduate in possession of knowledge that would not only be of great value to him but of far greater value to his patients. There are certain common and important diseases in every specialty that the young physician is

sure to meet and ought to be able to recognize.

He believed it to be the duty of the American Proctologic Society to foster a sentiment in the profession and among college authorities favorable to the special teaching of proctology either separately or as a branch of general surgery. He did not deem it necessary that a special chair of proctology should be created, but that a course in proctology should be provided for under the chair of general surgery.

Dr. Murray believed that it would be wise for the American Proctologic Society to offer a prize of a substantial sum of money for the best original graduating thesis on a proctologic sub-

ject. The competition to be open to graduating classes of any college in the United States and Canada.

In conclusion the doctor believed that the profession should offer more encouragement to specialties in all branches, especially to those who are willing to devote their time to a branch which has for some reason been neglected, as proctology has been. Then it would be practically impossible for quacks and healers of various sects and isms to take advantage of our professional neglect, and use it as their opportunity to play upon the credulity and gullibility of human nature.

Salicylic Acid

"Salicylic acid, especially its sodium salt, has long been recognized as such a reliable cure for acute rheumatism as to be considered a specific."

"From time immemorial, the bark of *salix alba* or willow has been used in intermittent fever and even the Hottentots of South Africa have long used an infusion of some species of willow for the cure of rheumatism.

"In addition to the pronounced antiseptic action of salicylic acid, it possesses antithermic, analgesic, chologogic and eliminative properties. Besides there are few drugs in the pharmacopeia which can excel sodium salicylate from the natural oil in its action on the liver, for it stimulates this organ to increased activity, causing a greater flow of the bile, which is rendered more watery

and is at the same time excreted under a higher pressure."

"Although not as a specific as in rheumatism, but as an antiseptic and analgesic, the use of salicylic acid in many other forms of local inflammation, such as tonsillitis, urethritis, orchitis, etc., gives satisfactory results, relieving both pain and distress."

"Tongaline not only possesses all the therapeutic properties of salicylic acid from the natural oil, but on account of its other ingredients has a much wider field of usefulness, and is unequaled as an efficient and reliable agent in the treatment of rheumatism, neuralgia, grippe, gout, nervous headache, sciatica, lumbago, malaria, tonsillitis, heavy colds and excess of uric acid."

The Chicago Medical Recorder
September, 1910.

Examination of Pupils in Washington Schools

	White	Colored	Total
Number of Pupils Examined	1622	906	2528
Condition of Gums:			
Good	1118	558	1676
Fair	339	149	488
Bad	165	199	364
Mouth Breathers:			
Yes	264	272	536
No	1358	634	1992
Use of Toothbrush:			
Yes	862	299	1161
No	760	607	1367
Teeth Filled:			
Temp	79	4	83
Perm	227	16	243
No	1553	872	2425
Cavities:			
Temp	771	328	1099
Perm	1074	563	1637
No	169	172	341
Malocclusion:			
Yes	331	351	682
No	1291	891	1846
Abscess:			
Yes	116	15	131
No	1506	891	2397
Teeth Requiring Extraction:			
Yes	643	577	1220
No	979	329	1308
Condition of 6th Year Molar:			
Good	1234	560	1794
Bad	719	523	1242
Missing	159	31	190

A Valuable and Seasonable Remedy

To reduce fever, quiet pain, and at the same time administer a laxative and tonic is to accomplish a great deal with a single tablet and we would especially call attention to the wide use of Laxative Antikamnia & Quinine Tablets in chronic or semi-chronic diseases which begin with a severe "cold." Among the many diseases and affections which call for such a combination, we might mention la grippe, influenza, coryza, coughs and colds, chills and fever, and malaria with its general discomfort and great debility. Attention is particularly

called to the therapeutics of this tablet. One of its ingredients acts especially by increasing intestinal secretion, another by increasing the flow of bile, another by stimulating peristaltic action, and still another by its special power to unload the colon. When the temperature of the body is above normal, conditions are especially favorable for germ development. It is a matter of every-day observation that a simple laxative is often sufficient to relieve the most serious complications.—Archives of Pediatrics.

Of Interest to Pharmacists

During the last meeting of the National Medical Association the pharmacists held the most interesting and enthusiastic meeting they have ever had.

The reasons were two-fold. First, Washington has more colored pharmacists engaged in actual drug business than any other city in the Union. Second the majority of druggists doing business in different localities are Howard graduates and the occasion afforded a splendid opportunity to visit his Alma Mater and attend the meeting of National Medical Association.

A much discussed question and one that certainly gives food for thought among the Druggists is an incorporated wholesale and retail drughouse among them.

Dr. Lee's paper giving his practical experience of that feature of the business was instructive and his ideas generally endorsed.

Further discussions by others present showed most plainly that

the colored druggist, like his white neighbor is finding out that the "side lines" are the paying investments of the Drug Business.

The manufacturing pharmacist, who is almost unknown to the average druggist, came in for his part of the discussion, and we believe that with the right appreciation of pharmaceutical manufacturing the pharmacist will rid himself of a deal of the drudgery of the drug business.

At the recent meeting of the Board of Pharmacists of the state of Alabama, Miss Evelyn G. Houston, a graduate in pharmacy of the Howard Medical School successfully passed the examination. Miss Houston is already registered in Georgia and has been very acceptably filling the position as pharmacist at Tuskegee Institute for the past three years. The new law, recently passed requiring examination and registration in this state, induced her to take the examination at this time.

Incompatibility

**By HARRY S. POPE, Phar. D., Portsmouth, Va.*

Incompatibility may be defined as a term used to express the effect produced in pharmaceutical mixtures by chemical decomposition, physical dissociation incomplete solutions or therapeutic

opposition. The subject may be divided into three classes: therapeutical incompatibility, chemical incompatibility and physical incompatibility.

Therapeutical incompatibility is

**Read before the National Medical Association, Washington, D. C., August, 1910*

a condition arising from the combination of remedies mutually opposed to one another in therapeutic effect. It is well known to the physician, is of little interest to the pharmacist, and I will simply illustrate it by mentioning the well known example of atropine and morphine as used in tablet combination.

Chemical incompatibility is that form which always results in the decomposition of one or more ingredients entering into a prescription or pharmaceutical mixture. It is one of the most interesting and perplexing problems met with in a modern pharmacy and is little understood by the busy physician.

For example: In the manufacture of *Liquor Ammoni Acetatis*, a commonly used diuretic, the simple addition of a proportionate quantity of dilute Acetic Acid to Ammonium Carbonate gives us a chemical reaction resulting in the decomposition of the ammonium carbonate by the acid giving in addition to the ammonium acetate free carbonic acid gas which is an agreeable addition to the solution.

In the manufacture of another of the commonly prescribed pharmaceutical mixtures, *Liquor Ferri et Ammoni Acetate*, commonly known as Basham's Mixture, we take the preparation just made, *Liquor Ammoni Acetate*, and add a proportionate quantity of Dil. Acetic Acid, *Tinct. of Ferri Chlor.*, Aromatic Elix., Glycerine and

water. The result is the decomposition of *Tinct. of Ferri Chlonde* into a Ferric Acetate, giving the double acetate of iron and ammonia and also a change of color due to the formation of Acetate of Iron.

The following prescription caused the physician prescribing the same to return it to me and request me to personally compound it in his presence:

Soda Salicylate dr.iv.

Ferri Sulphate dr.i.

Liquor Ammoni Acetati oz.iii.

Syr. Tolu qs. oz.iv.

The *Salicylate* of Soda and sulphate of iron were dissolved separately in the solution of ammonia acetate and the Tolu added. When all were mixed together the solution turned red due to the decomposition of the two salts. The principle of action was practically the same as in the Basham's Mixture.

I frequently have the following prescription prescribed by two different physicians:

Salicylic Acid dr.ii.

Phenol gtt.xv.

Water qs. oz.iii.

One physician wishes it dispensed just as prescribed with a "shake well" label, as the acid is insoluble in water; the other does not object to the addition of a small quantity of an alkaline salt, which forming an alkaline solution with the liberation of carbon dioxide gas dissolves the salicylic acid, giving a perfectly

clear solution with the same therapeutical effect.

The introduction into medicine and pharmacy of the numerous synthetic preparations give rise in the pharmaceutical laboratory of some startling changes in color, due to chemical incompatibility, when they are ordered in solution with other drugs.

The following prescription

Potass Acitrate dr.iii.

Therbromine Soda Salicite dr.ii.

Simple Syrup oz.i.

Lactated Pepsin qs. oz.iii.

always turns a beautiful purple and sometimes the patient considers it too beautiful to be properly compounded. Why this color is produced I have never been able to find out, though having asked the manufacturers of the Therbromine Soda Salicylate to explain. The physician informs me the desired therapeutical effect is, however, always produced.

The following prescription was the cause of much comment:

Antipyrine dr.i.

Sweet Spirits Nitre oz.i.

Syr. qs. oz.iii.

It turned a beautiful green and I discovered the explanation to be the formation of Iso-Nitroso-Antipyrine which is not poisonous as many might imagine. Some other peculiar effects produced are as follows:

The addition of Antipyrine to Tinct. of Ferri Chloride produces a red color. Salol in a prescription with dilute Tinct. of Iron turns a violet color.

Other colors produced in ordinary prescriptions due to chemical reaction are the well known inky or black compounds due to the action of an iron salt on preparation containing tannin as the following:

Tinct. Ferri Chloride

Tinct. Cinchona Co.

Tinct. Gentian Co. aa. oz.i.

Also the addition of calomel to lime water in manufacturing the well-known Black Mercurial lotion or black wash. The addition of bichloride of mercury to lime water in the manufacture of yellow Mercurial lotion or Yellow wash. The blue color produced by the addition of Guaiac in solution to an oxidizing agent like sweet spirits of nitre in the following prescription:

Potass Nitrate dr.i.

Wine Colebrim Root dr.iii.

Sweet Spirits Nitre oz.i.

Tr. Guaiac oz.i.

Oil Gaultheri dr.ss.

Aq. qs. oz.vi., a commonly used rheumatism mixture.

Aloes in solution is colored black with tannin and red with Sweet Spirits of Nitre. Starch Paste in the test for Iodine when free iodine is present is colored blue. Other examples of changes in color due to chemical incompatibility could be produced almost without number.

Physical incompatibility is a condition arising from the admixture of pharmaceutical preparations which results in the physical dissociation of one or more con-

stituents. The only important forms are precipitation, immiscibility, incomplete solution. The important consideration to the pharmacist in protecting the therapeutical effect desired by the physician and at the same time dispensing a pleasant looking preparation to the patient is whether the separated matter is active or inert. The following prescription produces a precipitate of resinous matter.

Tinct. Cannabis Indica dr.i.

Tinct. Orange Peel oz.i.

Tinct. Rhubarb qs. oz.iii.

This precipitate is due to the fact that the tinctures of orange peel and Rhubarb contain nearly fifty per cent. water, while the tinct. of Cannabis Indica is purely alcoholic. The result is that when combined the resins of the Cannabis Indica being insoluble in the water of the other tinctures are thrown out as a resinous precipitate. These resins being highly active, acacia should be used to make a homogeneous mixture and the whole dispensed with a 'shake well' label.

On the other hand a prescription as follows:

Tinct. Nux Vomica dr.ii.

Infusion Gentian Co. oz.iv.

Tinct. Cinchona Co. qs. oz.vi., usually produces a precipitate of gummy and mucilaginous substance due to the admixture of alcoholic tinctures with an aqueous infusion. These substances are inert and may be filtered out.

Immiscibility is common and is

usually due to the fact that it is impossible for a physician to always remember the physical character of solids and liquids that they desire to use in prescriptions and the pharmacist is repeatedly called upon to harmonize discordant elements. One gross physical incompatibility I have met is as follows:

Bromoform dr.ss.

Syrup dr.vi.

Peppermint water qs. oz.ii.

The Bromoform was entirely insoluble in the water and aqueous syrup. The specific gravity is such that it cannot be dispensed with a 'shake well' label, but by replacing a portion of the water with a strong alcoholic tincture, after consultation with the physician, a well mixed prescription was dispensed.

My last example of incompatibility incomplete solution is the one most frequently met with and is due to lack of knowledge on the part of the prescriber of solubilities of solids in solution. The problem to the pharmacist is: "Shall I add something in which it is soluble; shall I dispense with a 'shake well' label or shall I filter?" Solution of Potassium Chlorate to be used as gargles are good illustrations as the following prescription will show:

Potassium Chlorate dr.iv.

Phenol gtt.xv.

Aq. Menth. pip. oz.vi.

The quantity of potassium chlorate is at least twice as much to dissolve in the water and as the

undissolved particle might act as throat irritants, the pharmacist is justified in filtering out the excess while the following prescription:

Magnesia dr. i. ss.

Mass of Mercury dr. ss.

Sugar dr. i.

Ar. Spirits Ammonia dr.ii.

Peppermint water oz.iii.

Line water oz. iii.

shows an incomplete solution mixture, which if filtered would dissolve out the insoluble magnesia and blue mass thus depriving the mixture of its most important constituents and drawing down on the pharmacist the non-dying wrath of the physician.

Examples of worthless or dangerous Rx. with explanations.

1 Rx. Quinine Sulphate grx.

Potass. Acetate grxx.

Acid Sulph. Dil. gtt.v.

Aqua Cinnamomi oz.i.

Sig. dr.iv. every 3 hours.

By dissolving the quinine in the cinnamon water with the aid of the dil. acid and adding the potassium acetate a precipitate of quinine acetate is formed which would prevent the possibility of carrying out the directions to the patient as it could not be poured.

2 Rx. Strych. Sulphate gr.i.

Potassi Bromid dr.vii.

Aquae qs. oz.viii.

This Rx. is ordered often by physicians and an inexperienced pharmacist would unhesitatingly proceed to compound it. A transparent solution would be obtained without difficulty which would be dispensed without misgiving,

but which would produce disastrous results. The solution deposits in a few hours the greater part of the strychnine salt as an insoluble bromide which quickly subsides in transparent crystals. A patient carefully refrained from shaking the bottle and in taking the last dose swallowed nearly all the poisonous strychnine bromide.

3 Rx. Tinct. Nux Vomica oz.i.

Acid Nitromur oz.ss.

In this Rx. the strong acid reacted upon the alcohol producing an ester which prevented the cork from remaining in the bottle. The pharmacist tied in the cork securely. The patient, who was to take the mixture, on cutting the string, the accumulated gaseous products forced the cork out violently, injuring the eye seriously.

4 Rx. Quinine Sulphate gr.xxx.

Acid Sulph. Dil. qs.

Fld. Ex. Glycrrh oz.ii.

Syrup oz.ii.

Sig. dr.i. 3 times daily.

The fld. ex. in this Rx. is ordered to disguise the taste of the quinine, but in ordering the acid in connection with the quinine this purpose is defeated as the sweet principle of the fld. ex. known as glycyrrhizin is precipitated by the acid.

5 Rx. Liq. Plunb. Subacet dr.i.

Petrolati dr.iii.

M. Ung.

If this ointment is compounded as directed, the ointment may be combined to pass the first inspection of the pharmacist but will be returned by the patient for upon

standing the ointment will separate.

6. Rx. Phenacetine gr.xv.
Camphorae gr. v.
Phenyl. Salicyl. gr. xv.
Frt. Chart. no. x.

These powders will develop excessive moisture and on the morning after will leave nothing for the patient but a damp spot.

With thanks to any reference books.

Book, Lay Press, Reviews, Etc.

We acknowledge receipt of Bulletin of the Texas State Board of Health of September, 1910. It contains some very interesting facts. One of special interest to which we wish to call attention is that there were in the state of Texas 599 deaths of children under five years of age during the month of August. This in itself is sufficient to set us thinking, also working, with an effort to improve the hygienic and sanitary conditions surrounding childhood. The following expression is of interest: "For the first time in many months statistics received show a birth-rate among blacks leading the death-rate, there being 416 births and 381 deaths reported. A difference of 35 in favor of the birth-rate."

The report also mentioned one death from hookworm during the month and 13 deaths from Pellagra. "These deaths include one male, white, eight females, white, and three, females blacks."

We are glad to welcome to our Exchange list the "New York Medical Times," and the National Association of Retail Druggists Notes," both of which publications are too well-known to need any comments from our pen.

Standing in refreshing contrast with the resolutions proposed by Notes for the action of the Association of Retail Druggist at its Pittsburgh meeting, the middle of September, to which we have alluded

in preceding issues of CLINICAL MEDICINE, are the resolutions adopted by the American Pharmaceutical Association, at its last meeting, in Richmond. These are as follows:

RESOLVED, That we recommend that any movement for the reform of medical practice be allowed to originate and proceed within the medical profession.

FURTHER, That we are opposed to any attempt on the part of the pharmacal press to dictate or compel any such reform, believing as we do that the Medical Profession is qualified to institute and carry out its own necessary reforms.

The American Pharmaceutical Association is an old, honorable and efficient organization, which for years has been endeavoring to raise the professional and scientific standing of our pharmacist brethren. This body has fought for and secured the enactment of proper laws governing the practice of pharmacy; it has brought about a higher standard of pharmaceutical education; it has encouraged research of a higher order. In a word, it has stood and still stands for all that is best in pharmacy. The members of this Association are generally cultured gentlemen who have the respect and confidence of physicians, and deservedly so, because of their professional abilities.

Compare this broad-minded and tolerant attitude with that of the N. A. R. D.—or rather with the attitude of its management, for we do not be-

lieve that it reflects the feeling of retail pharmacists generally, or at least the best element of the retail drug trade. Read the following, clipped from the Pre-Convention number of N. A. R. D. Notes:

MEDICAL SELF-DISPENSING MUST GO

Keep your eye on Pittsburg. This is the year and Pittsburg is the place where the evil of medical self-dispensing is going to get a blow between the eyes that will make it reel and from which it will never recover.

Propaganda has educated both the physician and the pharmacist to a realizing sense of the injustice of the jughandled legal situation which compels the pharmacist by law to refrain from diagnosing and prescribing and does not prohibit compounding and dispensing by physicians. Common sense and common justice as between doctor and druggist demands that the law shall place restrictions around the physician that will be as effective in keeping him to his own field as those which the law now places around the pharmacist in keeping him out of the physician's field, or, failing to do this, to repeal the restrictive laws we now have applying to the pharmacist.

Note the veiled threat in the last sentence. Although this is qualified by a comment upon the impossibility of moving back the hand on the dial of time, the threat is there. Compare, I say, this position with that taken by the American Pharmaceutical Association, and do not forget that the N. A. R. D. has at least a moral alliance with the American Druggist Syndicate, which openly confesses to stealing physicians' prescriptions to be made over into nostrums to be sold to the laity, and has entered into an alliance, through its president and editor, with the Christian scientists, the antivaccination-

ists, the osteopathists, the antivivisectionists, and prominent representatives and defenders of quackery, in the so-called National League for Medical Freedom.

The American Pharmaceutical Association stands openly and boldly on the side of the medical profession. It recognizes the fact that the interest of the two professions can only be made one through the high quality of service which each renders to mankind.

The National Association of Retail Druggists has aligned itself with the patent medicine interests, with irregulars of all kinds, with the religiomedical sects, with quackery—and now it threatens the medical profession.—Advance proof of editorial to appear in the October number of the American Journal of Clinical Medicine.

One evidence of racial progress is the increasing merit of race publications. Among our religious exchanges we browse with pleasure. The Southwestern Christian Advocate, The National Baptist Review and The A. M. E. Church Review are more than creditable publications. The editors, each of whom is personally known to us, are scholarly and dignified Christian gentlemen. The papers are reflex of their character and ability. The more widely they are read the better for the race.

Among the secular papers, The New York Age, The Dallas Express, The Nashville Globe, and the Boston Guardian are real newspapers. Their variety and strength indicate the cautious, inquiring, upward trend of the race. May their tribe increase and may they learn and teach the race how to co-operate without surrendering individuality, how to disagree in the minor things but unite on the fundamentals.

Church Problems by H. T. Kealing, Editor of the A. M. E. Review. is a brochure of breadth and scholarship, and is bound to do good. As most of our readers are in some way related to some church we recommend that they add this book to their library. For sale by the A. M. E. Sunday School Union, 206 Public Square, Nashville, Tenn. Price 25 cents.

Practical Pharmacy for Pharmacists and Physicians. A Text Book for Students in Medicine and Pharmacy, by Birdsey L. Maltbie, published by Physicians Drug News Co., Newark, N. J. This book is a synopsis of Therapy, Materia Medica, and Practical Pharmacy. It gives one a fair knowledge of the drugs used in every-day practice.

As the author has stated, it conveys a broad knowledge to the physician who is unacquainted with the description, solubility, etc., of the drugs he uses in his every-day practice.

He also obtains a general knowledge of the different forms of incompatibilities by which he is able to avoid the numerous incompatibilities of every-day occurrence.

For reference, it is of great value to the pharmacist and student.

Hookworm Disease, Etiology, Pathology, Diagnosis, Prognosis, Prophylaxis, and Treatment, by George Dock, A. M., M. D., Professor of the Theory and Practice of Medicine, Medical Department, Tulane University of Louisiana, New Orleans, and Charles C. Bass, M. D., Instructor of Clinical Microscopy and Clinical Medicine, Medical Department, Tulane University of Louisiana, New Orleans, 250 pages, royal octavo, illustrated with 49 special engravings and colored plates. Price \$2.50. C. V. Mosby Company. St. Louis, publishers. It is seldom that a book has made a more

timely appearance than this. Physicians everywhere, because of the great prominence given this subject recently, have been looking for something authentic from those in position by reason of location, practice, and experience, to speak authoritatively on the subject. The Historical Sketch is informing. The distribution and economic effects of the disease well described. Ample space is given to the Zoologic features, but of greater practical importance is the detailed description of the modes of infection, symptomatology, the method of Diagnosis, both Microscopically, and Macroscopically; the Prophylaxis and a detailed description of the method of treating the disease in its various stages as well as the complications.

Epsom Salt as an Evacuant

All authorities agree that magnesium sulphate (epsom salt) is a good and useful evacuant barring its vile taste, which even a liberal addition of lemon juice does not conceal.

Years ago The Abbott Alkaloidal Company, of Chicago, essayed to make it palatable and they succeeded, as is well known in medical circles. Their Saline Laxative affords all the virtue of pure, full-strength magnesium sulphate without its objectionable features. With water it yields a very acceptable draught, which no patient will refuse.

Others have tried to steal the credit that properly belongs to this progressive firm but there are at least fifty thousand doctors in this country who are not influenced by false claims and empty adjectives.

Just now, and in fact, whenever it is desirable to empty the bowel quickly and completely, Saline Laxative should be kept in mind. In summer toxemia it is a good initial purge, leaving the bowel clean

and clear of toxin-breeding, bacteria-feeding residue.

As a daily before-breakfast-dose in constipation, biliousness and liver torpor it is far more economical and serviceable than the mineral waters so blatantly exploited.

Saline Laxative is made openly and sold ethically, which is not true of all of its imitations.

Those who have not already been supplied may have a sample package of this preparation for the asking, as well as printed information about it.

The National Medical Association, comprised of Negroes, is meeting in New York City, having opened its tenth annual session at St. Mark's Methodist Episcopal Church on Fifty-third Street and Eighth Avenue Tuesday evening. The Secretary, Dr. J. A. Kenney of Tuskegee Institute, at the business meeting reported that there are 1,017 Negro physicians in sixteen states, and 168 drug stores and 36 hospitals run by and for Negroes. Speakers at this session included President Charles F. Meserve of the Leonard Medical School of Raleigh, N. C., and Dr. Robert Reyburn, Dean of the Medical School of Howard University in Washington. The visiting physicians on Wednesday performed operations and held clinics at Lincoln Hospital, which was turned over to them for the whole day. The Negro is in such ways as this taking his future into his own hands.—The Republican, Springfield, Saturday, August 29, 1908.

Microscopes for Physicians

One of the speakers at the recent conference upon hookworm disease made the statement that "many practitioners have not the facilities for making a microscopic examination of the feces to see whether patients are suffering from hookworm or not; in many of our towns we have not either a skilled pathologist or a microscopist, and if we wait for the medical profession to equip themselves with microscopes we will delay carrying out the objects for which this conference was called.

Now, of course, the prevalence of hookworm disease is not general enough, nor the interest of the practitioner in it pressing enough, to constitute of itself an argument for the latter to equip himself with a microscope. Neither can it be expected, as a general thing, that all physicians will either possess themselves of one of these instruments or make themselves proficient in the use of it. For one thing, it is not always necessary. There are so many facilities, especially in the larger cities and towns, for having this work done by specially established laboratories, that there is no need for the doctor to do his own microscopy. And even where this is not the case, it is not always practicable or convenient for a doctor to purchase and use a microscope.

On the other hand, we are convinced that the value of the microscope is not appreciated to the extent that it might be by the general practitioner, and that if it were as appreciated, many physicians would equip themselves with one, even at the cost of a little sacrifice, who are now getting along without one. Hookworm disease is by no means the only condition whose detection is made easy and certain by microscopic examination. Its usefulness is not even confined to

rare and obscure diseases. There is hardly an infectious condition with which the doctor may come in contact but owes its positive diagnosis to the microscope, and almost all of the metabolic diseases may have invaluable light shed upon them through the glass of an objective.

In the present issue of this journal we print a communication from a physician relating the great physical and economic loss which he was able to avert by the timely verdict of the microscope in a suspected case of diphtheria. In this instance the specimen was sent to the state bacteriologist and the report received from him by telegraph. A decision would have been still more prompt and satisfactory if the physician had made his own microscopic examination. In his case it was doubtless prompt enough, but there are many cases in which the physician is so far removed from any such center as to make it impracticable to rely upon it. It is, in fact, the practitioner in the small place, and in the rural districts, who would be most advantaged by the possession and the use of a microscope. To be sure, it is he also to whom the purchase of a microscope means the most financial effort, but a good microscope does not cost as much nowadays as it used to, and we repeat that he will find the sacrifice—if sacrifice it involves—amply repaid by the wonderful addition it will make to his diagnostic, and therefore, to his therapeutic efficiency.

We cannot refrain from a passing reference to another point suggested by the statement which we have used as a text for this editorial, namely, the value of a fecal examination. This can, of course, only apply to those who have or employ a microscope. It is not a pleasant task, nor a particularly easy one. But the

information that can be gained from it as to the nature and course of all those diseases which are concerned with or which affect the metabolic processes of the body more than offsets all the distasteful and difficult features, and makes it well worth the practice of every physician who aims at the highest possible efficiency in diagnosis and treatment. We commend it to the study and attention of our readers.—Medical Brief.

One of the live questions under discussion at present in medical and in legal circles is the economic valuation of vision. This question has been brought forcibly to mind within a few days, not only by the results of the ordinary run of ocular accidents, but from the occurrence of several suicides, the cause of which was, in each case, alleged to be the preference of death to blindness. One of these occurred in a workman of Italian descent in Racine, Wis., and two others in Vienna, Austria, one being a Hungarian woman and the other an Austrian judge; the latter one of the most prominent members of the high court of Austria, the three cases being typical of several classes. On account of the great danger of mental depression with suicidal tendency, it behooves us to be "guarded" in our opinions given directly to patients as to prospects of total blindness.

The United States Bureau of Pensions allows full disability for the loss of both eyes. Most of the accident insurance companies allow full annuities or the full amount or death limit of the policy. The German insurance office allows full disability. In suits for damages claimed and allowed in the United States greater amounts are given for com-

plete blindness resulting from accident than for the loss of life; hence, it is a generally accepted fact that eyesight is of more value than life itself. Accidents to the eyes incurring subsequent loss of vision, ranging from complete disability to those of comparatively trivial nature, have certainly an influence upon the earning ability of the individual, and in the several books and essays written by Magnus, Helmholtz, Haddeus and other German writers and by Hansell and Wurdenmann in America, the above facts are plainly stated.

On account of the advanced state of ophthalmic science, whereby the different relative value of the various visual factors or damage thereof may be scientifically ascertained, it is certain that the actual percentage of loss to the earning ability and its monetary valuation can be scientifically estimated. We know from experience and the results of empirical observation, that certain degrees of loss of vision produce certain amounts of loss to the earning capacity of the individual, and we believe that this may be likewise scientifically calculated and the probable loss of wages thereby estimated from the percentage of the visual loss in any one or all of its factors, in the case of trades and professions for which sight is necessary. It is safe to predict that rulings upon this point will shortly be obtained in the courts at law.—Ophthalmic Record.

Can Fright Whiten the Hair?

Doubt is thrown by a recent investigator, Professor Stieda, of Konigsberg, Germany, on the popular belief that the hair may be whitened suddenly by shock. His studies lead him to believe that hair normally whitens, not through change or disappearance of its coloring-matter, but through actual substitution of one kind of hair for another. Such

a change must depend, therefore, on the speed of growth. We read in *The Lancet* (London, May 21):

“Professor Stieda admits that a pigmented hair may become gray in its proximal part if the development of pigment in the hair root ceases, so that the newly formed part of a pigmented hair may thus become colorless. The whitening of the hair associated with advancing years is regarded as a physiological process, but Professor Stieda allows that psychical agencies, such as long grief, anxiety, and insanity, may induce similar changes, which are, however, not necessarily permanent. The average life of the hairs is a matter of considerable importance in regard to this question. According to the observations of Dr. Pincus, of Berlin, the long hairs of the head last from two to four years, the short ones from four to nine months. Dr. Moll has calculated that the life of the eyelashes is from three to four months. Various theories have been put forward to explain the supposed occurrence of sudden whitening of the hair. Vauquelin suggested that a substance might be excreted by the skin powerful enough to destroy the pigment of the hair. Another suggestion, proposed by Landois, was to the effect that a sudden accumulation of air occurred within the hairs. Metchnikoff has supposed that certain phagocytes or chromophages enter the hair and withdraw its pigment. All of these suggestions Professor Stieda subjects to a very destructive criticism, and he concludes by affirming that all the supposed cases of sudden blanching of the hair are either instances of deception or of incorrect observation. He gives several instances in point; among them the historical example of Marie Antoinette, whose hair is said to have turned gray the night before her execution, the fact being

that she had been gray-haired for some time previously. He also mentions the case of a medical practitioner with dark hair in Berlin who went into a hospital to undergo an operation. On leaving he was much commiserated by many people owing to

the fact that his hair was snow-white. The truth, however, was that he was not able to dye his hair as he had previously done daily, an explanation which he appears to have withheld from his sympathizers." —Literary Digest.

Therapeutic Notes

Chromium Sulphate in Enlarged Prostate

A couple of years ago we published an abstract of a paper read before the American Therapeutic Society by Dr. Louis Kolipinski, of 631 I Street, N. W., Washington, D. C., wherein he gave his favorable experience in the use of chromium sulphate in the treatment of hypertrophied prostate, locomotor ataxia, neurasthenia, atonic impotence, uterine fibroids, and other conditions. In the January, 1910, Council, we published an article by Dr. S. J. Ross, of Schultz, W. Va., giving his experience with the drug in prostatic hypertrophy and atonic conditions of the bladder in old people. Since then many letters have been received by us and also by Dr. Ross, asking for further information. We are expecting an article soon by Dr. Kolipinski, giving details and full treatment of various diseases with this drug. So far as can be judged at this time, the drug seems to affect prostatic hypertrophy and uterine fibroids in the same manner, namely, by improving the circulation in the pelvic vessels. It is probably in the same manner that the drug acts in alleviating impotence, or lack of sexual tone in both men and women. The drug has not been employed yet to such an extent as to determine what injurious effects

follow its injudicious or protracted use. So far its effects seem to be only favorable. Even if it can only remove the necessity for operation in moderate cases of prostatic hypertrophy and uterine fibroids, still it will be a very useful and welcome addition to our *Materia Medica*. We earnestly invite contributions from our readers regarding their experience with this drug.

Apropos of the above subject, we have had our attention called to a case of hypertrophy of the prostate so completely relieved as to appear to be cured, within about six months' time, by the use of a decoction of the roots and blossoms of the common golden rod. This was not administered by professional advice, and no scientific record was kept as to the strength and dosage.

There is very little information to be had regarding the use, professionally of this drug, Ellingwood, in his *Materia Medica*, indicates that thus far it has only been used in treatment of urinary disorders and pain in kidneys from various causes.

The United States Dispensatory states that it is astringent and is supposed to possess lithontriptic virtues. It is aromatic, moderately stimulant and carminative, diaphoretic when given in warm infusion. Its diuretic use has been recently revived.—From Medical Council.



